

California Department of Corrections and Rehabilitation's

Office of Audits and Compliance



Operational Peer Review

California Correctional Institution

June 1 through June 12, 2009

TABLE OF CONTENTS

	<u>SECTION</u>
Executive Summary	1
Administrative Segregation and Due Process.....	2
Business Services.....	3
Information Security	4
Armstrong SME.....	5
Inmate Appeals	6
████████████████████	7
Administrative Segregation Bed Utilization	8
Radio Communications.....	9
████████████████████	10
Case Records	11
████████████████████	12

OFFICE OF AUDITS AND COMPLIANCE

California Correctional Institution

EXECUTIVE SUMMARY

The Office of Audits and Compliance (OAC), in conjunction with various teams, conducted an operational peer review of Administration Segregation (Ad Seg) and Due Process, Business Services, Information Security Review, [REDACTED] (LEF), Inmate Appeals, Ad Seg Bed Utilization, Case Records, [REDACTED], Radio Communications, and [REDACTED] at California Correctional Institution (CCI). The operational peer review was performed during the period of June 1 - 12, 2009. The purpose of the peer review was to determine CCI's compliance with state, federal, and departmental rules, regulations, policies, and procedures.

This executive summary details the significant issues identified in each of the sections of the Operational Peer Review Report. For more information on the areas of interest, please see the Operational Peer Review Report. The OAC requested that CCI provide a corrective action plan 30-days from the date of this report.

A summary of the significant issues is as follows:

Ad Seg and Due Process

During this formal review of compliance with state regulations and court-established standards regarding Ad Seg operations and due process provisions at CCI, the facility was found to be in compliance with 50 (81 percent) of the 62 ratable areas. No areas were found to be not ratable during this review period.

Areas of concern were found in the following areas:

- **The Daily Inmate Segregation Record (CDC 114-A1) Documents Yard Group Designation.** The review team examined a random sample of 28 CDC 114-A1s. Of the 28 CDC 114-A1s examined, 4 were not ratable as the inmate had not yet attended Institution Classification Committee (ICC). Of the 24 ratable CDC 114-A1s, 21 (88 percent) documented the inmate's current yard group designation. The 3 remaining CDC 114-A1s did not contain this information.
- **The CDC 114-A1 is Updated Every 90 Days.** The review revealed that in a random sample of 28 CDC 114-A1s, 10 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 18 ratable CDC 114-A1s reviewed, 11 (61 percent) were updated as appropriate. The 7 remaining CDC 114-A1s were not updated.
- **Written Notice.** Of the 30 records reviewed, 13 (43 percent) contained a clearly stated date and reason(s) for placement on the Segregation Unit Placement Notice (CDC 114-D). Of the 17 remaining records, 16 contained an unclear

placement date on a reissued CDC 114-D and 1 record left the placement date box blank.

- **Administrative Review.** Of the 30 records reviewed, 23 (77 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 7 remaining records, 2 documented a late Captain's review (1-2 days late), 2 records documented a late countersignature by an Associate Warden (AW) when the review was conducted by an acting Captain (1-3 days late), 1 record documented a late review by an acting Captain (1-9 days) with a late countersignature by an AW (1-21 days) and 1 record did not document a countersignature by an AW when the review was conducted by an acting Captain.
- **Assignment of Staff Assistant (SA)/Investigative Employee (IE) on the CDC 114-D.** Of the 30 records reviewed, 25 (83 percent) contained documentation of a determination for the assignment of a SA/IE. Of the 5 remaining records, 3 did not document the assignment of a SA when the inmate was in the Mental Health Services Delivery System (MHSDS) and 2 records left this section incomplete.
- **Need for Witnesses on the CDC 114-D.** Of the 30 records reviewed, 24 (80 percent) contained documentation regarding the need for witnesses. The 6 remaining records left this section blank.
- **Determinations Documented on the Classification Chrono (CDC 128-G).** Of the 30 records reviewed, 26 (87 percent) contained documentation of the determinations arrived at during the ICC on the CDC 128-G. Of the 4 remaining records, 3 contained a CDC 128-G that stated no SA was needed without explanation when the inmate was in the MHSDS and 1 record documented that the ICC was held in absentia, but the CDC 128-G quotes inmate statements regarding yard and cell status.
- **SA/IE Documented on the CDC 128-G.** Of the 30 records reviewed, 25 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. Of the 5 ratable records, 2 (40 percent) documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. Of the 3 remaining records, 2 did not document this information on the CDC 128-G and 1 record documented "no known concerns that warrant a SA" on the CDC 128-G when the inmate was in the MHSDS.
- **Witnesses on the CDC 128-G.** Of the 30 records reviewed, 24 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Of the 6 ratable records, 2 (33 percent) contained information concerning the need for witnesses on the CDC 128-G when it was not otherwise properly documented on the CDC 114-D. The 4 remaining records did not contain this information on the CDC 128-G.

- **Training.** The review revealed that 58 custody staff members have been assigned to the Ad Seg units for one year or more. These 58 staff members are each required to take 11 specialized training classes. Of the 638 required classes, 454 (71 percent) have been completed.
- **Post Order—Signatures.** The review revealed there are 110 identified staff that are assigned to 53 Ad Seg unit posts. Of the 127 required signatures, 64 (50 percent) were present acknowledging the understanding of the post orders.
- **Post Order—Supervisor.** The review revealed that unit IV-A supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.

Business Services

Personnel

Payroll (Prior Finding)

Controls over the distribution of salary warrants are inadequate and not standardized. For example, accounting receives a combination of letters, memorandums, check release forms, etc. from departments possibly identifying who will pickup warrants for distribution. However, the documents are not signed by a supervisor and/or manager approving the paymaster. Additionally, the accounting office does not have a process for ensuring that the persons distributing payroll warrants do not handle personnel related documents which is prohibited based on the provisions of State Administrative Manual and Department Operations Manual (DOM).

Accounts Receivables (AR) over 90 days are not resolved in a timely manner. Based on the aging report dated February 13, 2009, there are 520 outstanding ARs totaling \$151,860, of which, 45 had insufficient action.

Three retired annuitants' files were reviewed. Two of the three files are incomplete. One file is missing the checklist/approvals, the internal affairs form, the Tuberculosis clearance and the essential functions form. The second file is missing all forms for 2007 and 2008.

There are several deficiencies related to employees receiving Institutional Worker Supervisor Pay (IWSP). Of the 37 employees reviewed, 15 did not meet the IWSP criteria, which resulted in overpayments. As of June 11, 2009, ARs have not been established.

Individual Development Plans (IDP) and Probationary Reports are not always prepared by supervisors and managers in a timely manner. The Audits Branch sampled 366 employees, of which 292 did not receive their IDP or Probationary Report in a timely manner.

Plant Operations

The Audits Branch noted that Codes of Safe Practices and Hazard Evaluations are not maintained in Facility I and II paint, ground, maintenance, and engineer's shops and in Facilities IV maintenance shop.

A daily perpetual inventory of chemicals is not conducted and maintained in the Plant Operations shops. This condition was noted at Facility I grounds, paint and maintenance shops; Facility II paint, grounds and engineers' shops; Facility III maintenance shops; and level IV-A and IV-B maintenance shops.

During the period reviewed (i.e., November 2008 through April 2009) total hours were overstated by 10,000 hours, and 28,000 hours were categorized as non shop duties. The Audit Branch could not determine the hours.

Testing and maintenance of the emergency generators is not adequately documented. For example, logs do not reconcile to the Standard Automated Preventive Maintenance (SAPMS) database, a log is not maintained for the generators located at the boiler house, and the Unit III's Lethal Electrified Fence (LEF) and logs are not certified with initials and/or signatures. Additionally, there are no local operating procedures which standardize the testing and maintenance policy for the generators.

Equipment Maintenance Data Summary Sheets (EMDSS) are not always prepared when a new item of equipment is installed. For example, an EMDSS has not been prepared for a pulper and an industrial food processor totaling \$96,000 that were purchased this fiscal year.

The asset/equipment history reports are not reviewed, equipment is not clearly identified with a SAPMS tag; a complete inventory of equipment is not maintained in the SAPMS database; and the parts, materials, and labor required to perform preventive maintenance (PM) is not always tracked.

There are deficiencies related to the cross connection program (i.e., backflow devices). For example, there is no master list which identifies the location, serial number and manufacturer; there is no testing schedule for 2008 and 2009; and the certified backflow assembly tester does not complete the test.

The PM schedule requires that PM be performed quarterly and semi-annually. However, PM of the heating, ventilation, and air conditioning located in Unit-4A; mechanical room, Unit-4B; food services, Unit-3B; and support services Unit-4A; were not performed on a quarterly and/or semiannual basis between January 2008 and May 2009.

Inmate Trust Accounting

Spoiled, voided, and cancelled checks are not properly mutilated to prevent their misuse. These issues could result in late detection of missing State checks and may not prevent the misuse of voided checks.

As of June 11, 2009, there are 22 checks maintained in the trust office that are classified as undeliverable and should have been cancelled and/or forwarded to the State Controller's Office. Specifically, there are three salary warrants in which the oldest dates back to January 2007, and 18 agency checks in which the oldest dates back to February 2006.

Information Security Review

CCI was partial compliant in two areas and noncompliant in the following five areas:

Staff Computing Environment

- Anti virus updates are not current for all computer users.
- Security patches are not current for all computer users.
- Annual Self-Certification of Information Security Awareness and Confidentiality forms are not on file for all computer users.
- Information Security training is not current for all computer users.

Inmate Computing Environment

- Anti virus updates are not current.

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Ad Seg Bed Utilization

Incident Report Processing - Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.

Incident Date to Investigative Services Unit (ISU) Receipt of Incident Report: Date from incident occurrence to the date ISU received the Incident Report ranged from 1 day to 84 days. (The expectation is the complete package will be presented to ISU within 7 calendar days.)

ISU Receipt of Incident Report to Referral to DA/ISU Screen out: Date from ISU receipt of Incident Report to referral to DA or ISU screen out ranged from 1 day to 51 days. (The expectation is the time should not exceed 5 working days.) It was reported that ISU/CSO staff were not receiving a completed CDC-837 Incident Reports from the Unit. Example: A Rules Violation Report is issued on March 3, 2009 for Battery on Staff. ISU/CSO received an Incomplete CDC-837 on March 16, 2009. As of June 10, 2009 ISU/CSO Staff has yet to receive a completed CDC-837.

DA Referral to Resolution: Date from DA referral to either rejection or acceptance of the case ranged from 2 days to 53 days. (This is one area that the institution has no definitive control over; however, it is suggested that the institution work closely with the DA's office to track the decision-making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution.)

Case Records

Overall Case Records appear to be adequate. A small number of issues were reported.

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Radio Communications

A random sample of radios was reviewed, checking the radio as to the Post Assignment, the Department of General Services 'S' number and the radio serial number. Utilizing the inventory to prove the proper radio location, CCI was at 90 percent on radio placement. Corrective action was taken at that time to locate place radios into proper positions.

In Central Control the CMARS radio was found to be offline (not working) and in need for minor repair. The radio was repaired and placed back online for off grounds communications.

The Transportation Unit was found to be noncompliant in radio training for the CMARS and the CHP radios. The radio liaison and institution in-service training staff were updated with the latest radio training lesson plans and CHP radio power point training programs. It was also noted that a large number of transportation vehicles do not have the required rooftop markings.

The Primary Emergency Operations Center control station was removed for repair and was placed in the radio vault due to not being able to be repaired. The Radio Communication Unit was not informed of the radio status till this Peer Review and a replacement radio has been requested and will be in place within 30 days. The

California Law Enforcement Radio System radio could not be located and the CMARS remote radio was found in a locked cabinet in nonworking order.

Recommendations are to continue normal practices as CCI has no issues with usage of the on grounds 800 MHz Trunked Radio System and all CCI staff are following all required public safety standards.

[REDACTED]

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION
AND
DUE PROCESS

CALIFORNIA CORRECTIONAL INSTITUTION

JUNE 1 THROUGH JUNE 12, 2009



CONDUCTED BY

COMPLIANCE/PEER REVIEW BRANCH

TABLE OF CONTENTS

<u>SUBJECT</u>	<u>PAGE</u>
Introduction	I
Review Scope and Methodology	II
Compliance Rating by Subject Area	III
Executive Summary	IV
Summary Chart (Symbol Definitions)	VII
Summary Chart	VIII
Comparative Statistical Summary Chart	XII
Narrative Section	
Summary of Facilities Audited	1
Conditions of Segregated Housing	1
Due Process	17
Administration	28
Glossary	34

Review of Administrative Segregation and Due Process

California Correctional Institution

INTRODUCTION

This review of administrative segregation (Ad Seg) operations and due process provisions at the California Correctional Institution (CCI) was conducted by the Adult Compliance/Peer Review Branch (ACPRB), Office of Audits and Compliance, between the dates of June 1-5, 2009. The review team utilized the California Penal Code (PC), California Code of Regulation's (CCR), Title 15, California Department of Corrections and Rehabilitation (CDCR), Department Operations Manual (DOM), CDCR's Use of Force Policy (CCR, Section 3268), Administrative Bulletins (AB) 95/3R and 99/03, and Information Bulletins (IB) as the primary sources of operational standards. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** were used in this review as a benchmark for litigation avoidance.

This review was conducted by Nancy Fitzpatrick, Compliance/Peer Review Coordinator, Gary Turner, Correctional Lieutenant; Rick Grenert, Correctional Lieutenant; and Chela Ruiz, Correctional Lieutenant, of the ACPRB.

The review consisted of an on-site inspection, interviews with staff and inmates, reviews of procedures and other documentation, and observation of institutional operations.

The purpose of the ACPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations and court-established standards.

Each area was reviewed by a minimum of two primary auditors and cross-verified by other members of the team as possible. Overall, findings presented in the attached report represent the consensus of the entire review team.

Review of Administrative Segregation and Due Process

California Correctional Institution

REVIEW SCOPE AND METHODOLOGY

The ACPRB conducted an on-site review at CCI during the period of June 1-5, 2009. The purpose of this review was to assess the level of compliance with established State regulations and court-established standards in the areas of Ad Seg operations and due process provisions. This review and the attached findings represent the formal review of CCI's compliance by ACPRB.

The scope and methodology of this review was based upon written review procedures developed by the ACPRB and provided to CCI's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process.

For the purposes of this review, facilities were toured by members of the review team, cell and tier inspections were conducted in the units, and randomly selected inmates were informally interviewed based upon their interest and willingness to talk to the auditors.

Throughout the tour, on-duty staff at all levels (medical, counseling, management, administration, custody, and non-custody) were interviewed regarding current practices.

A random sample of 30 central files was audited. Utilizing "point-in-time" methodology, files were evaluated against all administrative requirements pertaining to the documents contained in those files.

Review of Administrative Segregation and Due Process

California Correctional Institution

COMPLIANCE RATING BY SUBJECT AREA

SECTION REVIEWED	NO. OF ITEMS REVIEWED	NO. OF ITEMS NOT RATABLE	NO. OF ITEMS IN NON-COMPLIANCE	NO. OF ITEMS IN COMPLIANCE	SECTION SCORE
Conditions of Segregated Housing	30	0	2	28	93%
Due Process	22	0	7	15	68%
Administration	10	0	3	7	70%

Review of Administrative Segregation and Due Process

California Correctional Institution

EXECUTIVE SUMMARY

During this formal review of compliance with State regulations and court-established standards regarding Ad Seg operations and due process provisions at CCI, the Facility was found to be in compliance with 50 (81 percent) of the 62 ratable areas. No areas were found to be not ratable during this review period.

Areas of concern were found in the following areas:

- **The Daily Inmate Segregation Record (CDC 114-A1) Documents Yard Group Designation.** The review team examined a random sample of 28 CDC 114-A1s. Of the 28 CDC 114-A1s examined, 4 were not ratable as the inmate had not yet attended Institution Classification Committee (ICC). Of the 24 ratable CDC 114-A1s, 21 (88 percent) documented the inmate's current yard group designation. The 3 remaining CDC 114-A1s did not contain this information.
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- **Post Order—Signatures.** The review revealed there are 110 identified staff that are assigned to 53 Ad Seg unit posts. Of the 127 required signatures, 64 (50 percent) were present acknowledging the understanding of the post orders.

- **Post Order—Supervisor.** The review revealed that unit IV-A supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.

A complete description of these finding areas may be found in the narrative section of this report.

Review of Administrative Segregation and Due Process

California Correctional Institution

SUMMARY CHART (SYMBOL DEFINITIONS)

The following chart represents individual review findings in relation to the CCR, Title 15, DOM, PC, and ABs. In addition, applicable court-ordered minimum standards established under **Toussaint v. Gomez** are being used in this review as a benchmark for litigation avoidance.

Each of the items is rated as to whether or not the Institution is in compliance. The chart utilizes the following symbols to denote compliance ratings:

SYMBOL	DEFINITION
Compliance (C):	The requirement is being met.
Partial Compliance (P/C):	The institution is clearly attempting to meet the requirement, but significant discrepancies currently exist.
Noncompliance (N/C):	The institution is clearly not meeting the requirement.
Not Applicable (N/A):	Responsibility for compliance in this area is not within the authority of this institution.
Not Ratable (N/R):	No measurable instances.

At the end of the chart is a Comparative Statistical Summary Chart of Review Findings. This summary presents a mathematical breakdown of compliance by total items and percentages (%).

Review of Administrative Segregation and Due Process

California Correctional Institution

SUMMARY CHART

REVIEW STANDARD	REVIEW FINDING 8/06	REVIEW FINDING 6/09	PAGE NO.
I. CONDITIONS OF SEGREGATED HOUSING			
1. Living Conditions.	C	C	1
a. Housekeeping and Maintenance.	C	C	2
b. Vector Control.	C	C	2
2. Restrictions.	C	C	3
3. Clothing.	C	C	3
4. Meals.	C	C	4
5. Mail.	C	C	4
6. Visits.	C	C	5
7. Personal Cleanliness.			
a. Showering.	C	C	5
b. Haircuts.	C	C	6
c. Laundry Items.	C	C	6
8. Exercise.	P/C	C	7
9. Reading Material.	C	C	7
10. Rule Changes.	P/C	C	8

REVIEW STANDARD	REVIEW FINDING 8/06	REVIEW FINDING 6/09	PAGE NO.
11. Telephones.	C	C	8
12. Institution Programs and Services.	C	C	9
13. Visitation and Inspection.	C	C	9
a. Medical Attention.	C	C	10
14. Management Cells.			
a. Placement.	C	C	11
b. Reporting.	C	C	11
c. Transfer.	C	C	12
15. Access to the Courts.	C	C	12
16. The Isolation Log Book (CDC 114).	C	C	13
17. The Daily Inmate Segregation Record (CDC 114-A).			
a. All significant information documented.	P/C	C	13
b. The CDC 114-A1 notes yard group designation.	P/C	P/C	14
c. The CDC 114-A1 notes special information.	C	C	14
d. The CDC 114-A1 is updated every 90 days.	P/C	P/C	14
18. Safety.			
a. Fire Safety.	C	C	15
b. Quarterly Fire Drills.	P/C	C	16
c. Documentation.	C	C	16

REVIEW STANDARD	REVIEW FINDING 8/06	REVIEW FINDING 6/09	PAGE PAGE NO.
II. DUE PROCESS			
1. Authority.	C	C	17
2. Written Notice.	C	N/C	17
3. Receipt of CDC 114-D.	P/C	C	18
4. Confidential Material.	P/C	C	18
5. Review.	P/C	P/C	19
a. Staff Assistance.	P/C	P/C	19
b. Witnesses.	P/C	P/C	20
c. Inmate Waiver of Time Limitations.	C	C	20
d. Hearing Time Constraints.	C	C	21
e. Decision.	C	C	21
6. Hearing Within 10 Days.	C	C	22
a. Determinations documented on the CDC 128-G.	C	P/C	22
b. Hearing Date.	C	C	23
c. Inmate Presence.	C	C	23
d. Hearing Officer.	C	C	24
e. SA/IE on CDC 128-G.	P/C	N/C	24
f. Witnesses on CDC 128-G.	N/C	N/C	24
g. The CDC 128-G notes yard group designation.	C	C	25

REVIEW STANDARD	REVIEW FINDING 8/06	REVIEW FINDING 6/09	PAGE NO.
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h. Cell Status.	C	C	25
i. Participation.	C	C	26
7. Classification Review.	C	C	26
8. Classification Staff Representative (CSR) Review.	C	C	27

III. ADMINISTRATION			
1. Training.	C	P/C	28
2. The ICC.	C	C	28
3. Record of Disciplinary.	C	C	29
4. Post Orders-Firearms.	C	C	30
5. Post Order-Job-Site.	C	C	30
6. Signing of Post Orders.	P/C	P/C	30
a. Post Orders-Staff.	P/C	P/C	31
b. Supervisor Inspection.	C	C	31
c. Post Order-Acknowledgment.	C	C	32
7. Protective Vests.	C	C	32

COMPARATIVE STATISTICAL SUMMARY CHART

California Correctional Institution

AUGUST 2006—JUNE 2009 REVIEW FINDINGS

RATING	TOTAL 8/06	RATING % 8/06	TOTAL 6/09	RATING % 6/09
COMPLIANCE	52	78%	50	81%
PARTIAL COMPLIANCE	14	21%	9	15%
NONCOMPLIANCE	1	1%	3	4%
NOT RATABLE	3		0	
TOTAL	70	100%	62	100%

Formal Review of Administrative Segregation and Due Process

California Correctional Institution

SUMMARY OF FACILITIES AUDITED

The CCI includes four Ad Seg units in this multi-level and Reception Center Facility. At the time of this review, the Institution was housing 289 Ad Seg inmates.

For the purposes of the review, the ACPRB team toured the Ad Seg units, audited unit records, and interviewed unit staff to determine the degree of compliance with established departmental policy, procedures, guidelines, and relevant court-established standards.

I

CONDITIONS OF SEGREGATED HOUSING

1. **Living Conditions.** In keeping with the special purpose of a segregated housing unit, and with the degree of security, control, and supervision required to serve that purpose, the physical facilities of special purpose segregated housing will approximate those of the general population.
(Authority cited: PC, Sections 2084, 5054, and 5058. Reference: CCR, Title 15, Sections 3343(a) and 3345; and DOM, Section 52080.33.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the physical facilities of CCI's Ad Seg units approximate those of the general population.

- a. Housing units and all facilities therein will be properly maintained and regularly inspected to insure human decency and sanitation.
(Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in CCI's Ad Seg units are provided a clean, properly maintained cell that approximates those of general population inmates. Written and telephonic repair requests are generated in the units and submitted to Plant Operations when repairs are needed. General repairs are completed in a timely manner. Emergency work requests and health and safety issues are completed immediately.

- b. Control of vermin and pests will be maintained by a regular inspection by the institutional vector control.
(Authority cited: Toussaint vs. McCarthy. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that CCI's Ad Seg units control vermin and pests by conducting regular inspections of the units. Regular inspections and pesticide applications provide for the control of vermin and pests. If there is an infestation, the Ad Seg unit Sergeants notifies Plant Operations and the situation is addressed immediately.

2. **Restrictions.** Whenever an inmate in Ad Seg is deprived of any usually authorized item or activity and the action and reason for that action is not otherwise documented and available for review by administrative and other concerned staff, a report of the action will be made and forwarded to the unit administrator as soon as possible.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(b); and DOM, Section 52080.33.1.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed no instances of restriction of inmate services being imposed during this review. However Unit IV-A utilizes an Informational Chrono (CDC 128-B) to advise the administration as required. In Level II, if restrictions need to be imposed on an inmate, the inmate is moved to Unit IV-A.

3. **Clothing.** No inmate in Ad Seg will be required to wear clothing that significantly differs from that worn by other inmates in the unit, except that temporary adjustments may be made in an inmates' clothing as is necessary for security reasons or to protect the inmate from self-inflicted harm. No inmate will be clothed in any manner intended to degrade the inmate.
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(c); and DOM, Section 52080.33.2.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed no instances wherein inmates housed in the Ad Seg units were required to wear clothing that significantly differed from that

worn by other inmates in the units; nor were inmates clothed in a manner intended to degrade or humiliate.

4. **Meals.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be fed the same meal and ration as is provided for inmates of the general population, except that a sandwich meal may be served for lunch. Deprivation of food will not be used as punishment.
(Authority cited: PC, Sections 2084 and 5058. Reference: CCR, Title 15, Section 3343(d); and DOM, Section 52080.33.3.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, audited unit documentation, observed the breakfast and dinner meals, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg units are receiving the same meals and rations as provided for the general population inmates. No examples of food deprivation were found in the units. Food items are prepared in the institutional kitchen. Food items are prepared in bulk pans and transported to the Ad Seg units where staff make up the food trays and serve the inmate population.

5. **Mail.** Inmates assigned to Ad Seg, including special purpose segregated housing, will not be restricted in their sending and receiving of personal mail, except that incoming packages may be limited in number, and in content, to that property permitted in the segregated unit to which an inmate is assigned.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Sections 3138 and 3343(e); and DOM, Section 52080.33.4.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates housed in the Ad Seg units are not restricted from either sending or receiving personal mail, except those restrictions as defined in the CCR.

6. **Visits.** Inmates assigned to segregated housing, except for inmates assigned to security housing unit (SHU), in accordance with Section 3341.5, shall be permitted to visit under the same conditions as are permitted inmates of the general population. Inmates assigned to SHUs shall be prohibited from physical contact with visitors.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(f); and DOM, Section 52080.33.5.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that all Ad Seg inmates are restricted to noncontact visits. The review team found the CCI Ad Seg visiting process to be in accordance with current departmental and institutional policy and procedures.

7. **Personal Cleanliness.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be provided the means to keep themselves clean and well groomed.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(g); and DOM, Section 52080.33.6.)

- a. Showering and shaving will be permitted at least three times a week.

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that inmates are provided the opportunity to shower three times per week. Razors for shaving are provided during shower periods.

- b. Haircuts will be provided as needed.

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that haircutting equipment is provided to the inmate upon request.

- c. Clothing, bed linen, and other laundry items will be issued and exchanged no less often than is provided for general population inmates.

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that clothing, bed linen, and other laundry items are routinely issued upon reception in the Ad Seg units. These laundry items are exchanged on the same basis as general population.

8. **Exercise.** Inmates assigned to special purpose segregation housing will be permitted a minimum of one hour per day, five days a week, of exercise outside their rooms or cells unless security and safety considerations preclude such activity. When special purpose segregated housing units are equipped with their own recreation yard, the yard periods may substitute for other out-of-cell exercise periods, providing the opportunity for use of the yard is available at least three days per week for a total of not less than ten hours a week.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(h).)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the CCI Ad Seg units provide controlled compatible, reintegrated mixed, and walk-alone yard group designations. The yard group designations are being offered a minimum of 3 exercise periods per week, 3.5 hours per exercise period, for a minimum of 10 hours per week of outdoor exercise in Unit IV-A. Unit II is not equipped with its own outside exercise yard. Inmates are allowed 1 hour of tier exercise 7 days per week for a total of 7 hours of out-of-cell exercise per week.

9. **Reading Material.** Inmates assigned to Ad Seg, including special purpose segregated housing, will be permitted to obtain and possess the same publications, books, magazines, and newspapers as are inmates of the general population, except that the quantity may be limited for safety and security reasons. Library services will be provided and will represent a cross-section of material available to the general population.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(i).)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that Ad Seg inmates are provided library books. The books are requested from the unit Officer who distributes the reading material on Third Watch.

10. **Rule Changes.** The Notice of Change to the CCR shall be posted and made available to all inmates and staff. Notices shall be posted in inmate housing unit, corridors, and other areas easily accessible to inmates, and provided to inmate lock-up unit. The Classification and Parole Representative shall ensure that the inmate population has knowledge of the Board of Prison Terms/Narcotic Addiction Evaluation Authority Rules and of amendments.
(Authority cited: PC, Sections 2080 and 5058(a). Reference: DOM, Sections 12010.5.8 and 12010.8.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the Ad Seg units post proposed changes or changes to the Director's Rules, the DOM, ABs, and memorandums that affect the inmate population in conspicuous locations within the unit.

11. **Telephones.** Institutions will establish procedures for the making of outside telephone calls by inmates in Ad Seg. Such procedures will approximate those for the work/training incentive group to which the inmate is assigned, except that of individual calls must be approved by the supervisor in charge or the administrator of the unit before a call is made.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(j).)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that CCI provides Ad Seg inmates telephone usage pursuant to CCR, Title 15, Section 3343(j). This includes emergency usage only.

12. **Institution Programs and Services.** Inmates assigned to segregated housing unit will be permitted to participate and have access to such programs and services as can be reasonably provided within the unit without endangering the security or the safety of persons. Such programs and services will include, but are not limited to: education, commissary, library services, social services, counseling, religious guidance and recreation.
(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(k).)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that CCI provides programs to include commissary, library services, recreation, and spiritual counseling within the Ad Seg units. In addition, religious publications are provided upon request in each unit.

13. **Visitation and Inspection.** Inmates assigned to Ad Seg, including special purpose segregated units, will be seen daily by the custodial supervisor in charge of the unit and by a physician, registered nurse, or medical technical assistant

and, by request, members of the program staff. A timely response should be given to such requests wherever reasonably possible.

(Authority cited: PC, Section 5058. Reference: CCR, Title 15, Section 3343(l).)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a custody supervisor is assigned to the unit on all three watches in IV-A. In Unit II, a custody supervisor is assigned to the unit during Second and Third Watches and a Facility Sergeant tours the unit during First Watch. In addition, management staff are available for interviews prior to the ICC hearings and CDC 114-D segregation placement administrative reviews.

- a. The custodial officer in charge of a disciplinary detention unit, segregation unit, or SHU, where inmates are segregated for disciplinary or administrative purposes, will ensure that inmates needing medical attention receive it promptly.

(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3345.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that unit custody staff notifies medical staff in the event of any medical situation or emergency. Medical staff and psychiatric staff are assigned to the units on Second Watch, passing out medication, collecting sick call slips, and screening for medical and mental health needs. Doctor's line is conducted daily.

14. **Management Cells.** Inmates assigned to segregated housing, who persist in disruptive, destructive, and dangerous behavior and will not heed or respond to orders and warnings to desist, are subject to placement in a management cell, as provided in CCR, Title 15, Section 3332(f).
(Authority cited: PC, Sections 2601(d), 5054, and 5058. Reference: CCR, Title 15, Section 3343(m).)
- a. An inmate who persists in unduly disruptive, restrictive, or dangerous behavior and who will not heed or respond to orders and warnings to desist from such activity, may be placed in a management cell on an order of the unit's administrator or, in his or her absence, an order of the watch commander.

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that CCI maintains five management cells in Unit IV-A. These cells are utilized to house unmanageable, uncontrollable, disruptive inmates who persist in disruptive destructive behavior. Placement in the management cell is by order of the Facility Captain or Administrative Officer of the Day (AOD).

- b. In addition to any necessary incident or disciplinary reports, the matter will be reported to the Warden, Superintendent, Chief Disciplinary Officer, or AOD, one of whom will review management cell resident status daily.

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that the Facility Captain or AOD reviews the inmate's management cell status daily.

- c. An inmate, who requires management cell placement for longer than 24 hours, will be considered for transfer to a psychiatric management unit or other housing appropriate to the inmate's disturbed state.
(Reference: CCR, Title 15, Section 3332(f); and DOM, Section 52080.22.4.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed that a Psychiatric Technician is available in Unit IV-A seven days per week. This staff member has the ability to assess inmates placed on management cell status and make appropriate referrals as needed.

15. **Access to the Courts.** Inmates confined in Ad Seg for any reason will not be limited in their access to the courts. If an inmate's housing restricts him or her from going to the inmate law library, arrangements will be made to deliver requested and available library material to the inmate's quarters.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3164(a) and (d); DOM, Section 53060.10; and Toussaint v. Gomez.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff and inmates.

The review revealed IV-A provides both paging and direct access to a law library. Inmates submit written requests for law library services to the Law Librarian who screens the requests and schedules the inmates for access.

Preferred legal users and inmates with court deadlines receive priority access. If inmates in Unit II require law library services, they are transferred to IV-A.

16. **Ad Seg Log.** A CDC 114 will be maintained in each Ad Seg unit, including special purpose segregated units. One CDC 114 may serve two or more special purpose unit which are administered and supervised by the same staff members. (Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(a); and DOM, Section 52080.22.5.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114 is maintained within the unit. All entries are appropriately recorded in accordance with departmental policy and procedures.

17. **Daily Inmate Segregation Record.** A separate record will be maintained for each inmate assigned to Ad Seg, including special purpose segregated units. This record will be compiled on the CDC 114-A and the CDC 114-A1. (Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3344(b); and DOM, Section 52080.22.5; and IB 98/27.)

- a. All significant information relating to the inmate during the course of segregation, from reception to release, will be entered on the CDC 114-A in chronological order.

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a CDC 114-A is maintained for each inmate assigned to the Ad Seg units. However, the CDC 114-As did not consistently contain significant information, in chronological order, relating to the inmate during the course of segregation, specifically fish kits, yard designation, cell inspections).

- b. The CDC 114-A1 documents the inmate's current yard group designation.

Findings

PARTIAL COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review team examined a random sample of 28 CDC 114-A1s. Of the 28 CDC 114-A1s examined, 4 were not ratable as the inmate had not yet attended ICC. Of the 24 ratable CDC 114-A1s, 21 (88 percent) documented the inmate's current yard group designation. The 3 remaining CDC 114-A1s did not contain this information.

- c. The CDC 114-A1 documents the inmate's special information.

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

Each (100 percent) of the 28 randomly selected CDC 114-A1s reviewed documented the inmate's special information.

- d. The CDC 114-A1 will be maintained in the segregation log and be updated as new information is obtained. The Segregation Officer shall begin a new CDC 114-A-1 at least every 90 days or at anytime this form becomes difficult to read.

Findings

PARTIAL COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that in a random sample of 28 CDC 114-A1s, 10 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 18 ratable CDC 114-A1s reviewed, 11 (61 percent) were updated as appropriate. The 7 remaining CDC 114-A1s were not updated.

18. **Safety.** Each Warden and Superintendent must have in effect, at all times, a plan approved by the Director for meeting emergencies delineated and required by the California Emergency Services Act of 1970.
(Authority cited: PC, Sections 5454 and 5458. Reference: CCR, Title 15, Sections 3302(b)(4) and 3303(a)(4); and DOM, Sections 52090.1, 2, 5, 6.1, 7, and 52090.19.)

- a. Institution heads shall maintain procedures for fire prevention and suppression. Fire protection practices and departmental policy mandate that all employees be instructed and trained concerning their duties and responsibilities should it become necessary to conduct an emergency evacuation for any fire or life threatening condition.
(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 2090.19.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that CCI's Ad Seg units maintain a written policy, which specifies the units' fire prevention regulations and practices.

- b. Staff and inmates shall be familiar with fire evacuation routes, exits, and procedures. An evacuation drill shall be conducted quarterly on each watch. Where such drills would jeopardize personal safety or facility security, staff shall conduct a walk-through of the procedure. Such walk-through drills shall be monitored by the area supervisor to ascertain that actual evacuation could be accomplished as required.
(Reference: CCR, Title 15, Section 3303(a); and DOM, Section 52090.19.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that staff are trained with emergency evacuation plan procedures and evacuation routes were conspicuously posted within the units. Documentation was present to support that quarterly simulated emergency fire drills, under varied conditions, are being conducted during all three watches. Specifically, of the 24 required fire drills, documentation was present to verify that 23 (96 percent) were conducted.

- c. At the conclusion of fire drills, the area supervisor shall complete a Fire Drill Report (DS 5003) indicating the necessary information and forward a copy to the Fire Chief.
(Reference: CCR, Title 15, Section 3303(a)(4); and DOM, Section 52090.19.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that when quarterly simulated emergency fire drills are conducted, DS 5003s are being completed and forwarded to the Fire Chief as required.

II

DUE PROCESS

Procedural safeguards essential for effective transfers of prisoners from the general prison population to a maximum security unit in order to segregate such prisoners for administrative reasons or purposes.

1. **Authority.** Authority to order an inmate to be placed in Ad Seg, before such action is considered and ordered by a classification hearing, may not be delegated below the staff level of Correctional Lieutenant, except when a lower level staff member is the highest ranking official on duty.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336; and DOM, Section 52080.25.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 29 (97 percent) contained documentation on the CDC 114-D to confirm the level of the official ordering segregation placement was at the Correctional Lieutenant level or higher. The one remaining record documented an acting Lieutenant ordered placement.

2. **Written Notice.** The reason for ordering an inmate's placement in Ad Seg will be clearly documented on a CDC 114-D by the official ordering the action at the time the action is taken.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3336(a); and DOM, Section 52080.25; and IB 98/27.)

Findings

NONCOMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 13 (43 percent) contained a clearly stated date and reason(s) for placement on the CDC 114-D. Of the 17 remaining records, 16 contained an unclear placement date on a reissued CDC 114-D and one record left the placement date box blank.

3. **Receipt of CDC 114-D.** A copy of the CDC 114-D with the "order" portion of the form completed, will, if practical, be given to the inmate prior to placement in Ad Seg, but not later than 48 hours after such placement.
(Authority: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3336(d) and 3339(b)(1); and DOM, Section 52080.25.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 28 (93 percent) contained documentation that indicated the inmates were given a copy of the CDC 114-D within 48 hours of placement. Of the 2 remaining records, 1 left this section blank and 1 record did not contain a staff member's signature.

4. **Confidential Material.** Documentation given the inmate concerning information from a confidential source shall include an evaluation of the source's reliability, a brief statement of the reason for the conclusion reached, and a statement of the reason why the information or source is not disclosed.
(Authority: PC, Sections 2081.5, 2600, 2601, 5054, and 5058. Reference: CCR, Title 15, Section 3321(b)(2); and DOM, Sections 52080.27.4 and 61020.9.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 22 were not ratable as the reason for placement was not based upon confidential information. Each (100 percent) of the 8 ratable records contained an appropriate Confidential Information Disclosure (CDC 1030), issued within the required time frames.

5. **Review.** On the first work day following an inmate's placement in Ad Seg, designated staff at not less than the level of Correctional Captain will review the order portion of the CDC 114-D. If retention in Ad Seg is approved at this review, the following determinations will be made at this level:
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3337.)

Findings

PARTIAL COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units

Of the 30 records reviewed, 23 (77 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 7 remaining records, 2 documented a late Captain's review (1-2 days late), 2 records documented a late countersignature by an AW when the review was conducted by an acting Captain (1-3 days late), 1 record documented a late review by an acting Captain (1-9 days) with a late countersignature by an AW (1-21 days) and 1 record did not document a countersignature by an AW when the review was conducted by an acting Captain.

- a. Determine the appropriate assignment of staff assistance.
(Reference: CCR, Title 15, Section 3337(a).)

Findings

PARTIAL COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 25 (83 percent) contained documentation of a determination for the assignment of a SA/IE. Of the 5 remaining records, 3 did not document the assignment of a SA when the inmate was in the MHSDS and 2 records left this section incomplete.

- b. Determine the inmate's desire to call witnesses or submit other documentary evidence. If the inmate requests the presence of witnesses or submission of documentary evidence at the classification hearing on the reason or need for retention in segregated housing, an investigative employee will be assigned to the case. A request to call witnesses must be submitted in writing by the inmate.

(Reference: CCR, Title 15, Section 3337(b).)

Findings

PARTIAL COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 24 (80 percent) contained documentation regarding the need for witnesses. The 6 remaining records left this section blank.

- c. Determine if the inmate has waived the 72-hour time limit in which a classification hearing cannot be held, as indicated on the CDC 114-D, or the inmate desires additional time to prepare for a classification hearing.

(Reference: CCR, Title 15, Section 3337(c).)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 28 (93 percent) contained documentation that the inmate made a determination regarding the 72-hour time limit or had refused to sign the waiver section. The 2 remaining records documented a waiver of this time constraint absent the inmate's signature.

- d. Determine the most appropriate date and time for a classification hearing based upon the determination arrived at under Section 3337(a), (b), and (c), and the time limitations prescribed in CCR, Title 15, Section 3338.
(Reference: CCR, Title 15, Section 3337 (d).)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation that the hearing time frames were appropriate based on the inmate's request.

- e. Decision to retain in Ad Seg or release to unit/facility.

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation that a decision was made to retain or release the inmate based on the administrative review.

6. **Classification Hearing.** An inmate's placement in temporary segregation shall be reviewed by the ICC within 10 days of receipt in the unit.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3335(c), 3338(a), (b), (c), (d), (g), (h), (i), 3375, and 3339 (b) (2); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 29 (97 percent) contained documentation of an ICC review within 10 days of an inmate's placement in Ad Seg. The 1 remaining record documented a late ICC hearing (2 days late).

- a. The determinations arrived at in the classification hearing will be documented on the CDC 128-G. Such documentation will include an explanation of the reason and the information and evidence relied upon for the action taken. The inmate will also be given copies of all completed forms and of all other documents relied upon in the hearing, except those containing confidential information.
(Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Sections 3338(i), 3375(g), and (h); and DOM, Sections 52080.27.4 and 62010.9.1.)

Findings

PARTIAL COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 26 (87 percent) contained documentation of the determinations arrived at during the ICC on the CDC 128-G. Of the 4 remaining records, 3 contained a CDC 128 G that stated no SA was needed without explanation when the inmate was in the MHSDS and 1 record documented that the ICC was held in absentia, but the CDC 128-G quotes inmate statements regarding yard and cell status.

- b. Was the hearing date recorded on the CDC 128-G?
(Reference: CCR, Title 15, Section 3375(g)(9); DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained the appropriate hearing dates on the CDC 128-G.

- c. Was the inmate's presence at the hearing documented on the CDC 128-G?
(Reference: CCR, Title 15, Sections 3338(c) and 3375(g)(5); and DOM, Section 52080.27.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation to verify the inmate's presence or absence at the hearing on the CDC 128-G.

- d. Were the Hearing Officers identified on the CDC 128-G?
(Reference: CCR, Title 15, Sections 3375(g)(6-8); DOM, Section 62010.9.1.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Each (100 percent) of the 30 records reviewed identified the hearing officers on the CDC 128-G.

- e. If appropriate, were the SA and the IE identified in the CDC 128-G?
(Reference: CCR, Title 15, Section 3338(c)(i); and DOM, Section 62010.9.1.)

Findings

NONCOMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 25 were not ratable as the need for a SA/IE was properly documented on the CDC 114-D. Of the 5 ratable records, 2 (40 percent) documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. Of the 3 remaining records, 2 did not document this information on the CDC 128-G and 1 record documented "no known concerns that warrant a SA" on the CDC 128-G when the inmate was in the MHSDS.

- f. If appropriate, was the witness portion addressed in the CDC 128-G?
(Reference: CCR, Title 15, Sections 3338(h) and (i); and DOM, Section 52080.27.3-.4.)

Findings

NONCOMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 24 were not ratable as the need for witnesses was properly documented on the CDC 114-D. Of the 6 ratable records, 2 (33 percent) contained information concerning the need for witnesses on the CDC 128-G when it was not otherwise properly documented on the CDC 114-D. The 4 remaining records did not contain this information on the CDC 128-G.

- g. The completed CDC 128-G contains the yard group designation arrived at during the classification hearing.
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 98/27.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation of the inmate's yard group designation on the CDC 128-G.

- h. The completed CDC 128-G documents the inmate's current cell status (single or double celled).
(Reference: CCR, Title 15, Section 3338(i); DOM, Section 52080.27.4; and IB 97/27.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation of the inmate's current cell status on the CDC 128-G.

- i. The completed CDC 128-G documents the inmate's participation during committee and their agreement or disagreement with the ICC's action.
(Reference: CCR, Title 15, Sections 3338(i) and 3375(f)(2-6); and DOM, Section 52080.27.4.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Each (100 percent) of the 30 records reviewed contained documentation regarding the inmate's participation during ICC.

7. **Classification Review.** Instead of the ICC reviewing each inmate's case every 30 days, inmates in Ad Seg for nondisciplinary reasons shall require routine review no more frequently than every 90 days, or when scheduled by staff for specific action. Inmates segregated for disciplinary reasons shall be reviewed by ICC at least every 180 days, or when scheduled by staff for specific action.
(Authority cited: Larry Witek memorandum of interim action dated November 20, 2001, Ad Seg Unit Classification Review.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 10 were not ratable as the inmate had not been on Ad Seg status long enough to require a follow-up review. Of the 20 ratable records, 19 (95 percent) contained documentation of an ICC review as required. The 1 remaining record (Aguayo, H52236) has not been heard to date (approximately 25 days late).

8. **Classification Staff Representative Review.** All inmates retained in Ad Seg at their ten-day Ad Seg hearing shall be referred to the CSR for retention authorization at that initial review.
(Authority cited: Larry Witek memorandum of interim action dated November 20, 2001, Ad Seg Unit Classification Review.)

Findings

COMPLIANCE

The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units.

Of the 30 records reviewed, 29 (97 percent) contained documentation that indicated the cases were referred to a CSR for review as appropriate. The 1 remaining record did not contain this information.

III

ADMINISTRATION

1. **Training.** All staff working in specialized units are to receive specialized training centering around that unit's operation and program.
(Authority cited: PC, Sections 830.5, 832, 5054, 5058, 13600, and 13601. Reference: DOM, Section 32010.14.5.)

Findings

PARTIAL COMPLIANCE

The ACPRB review team interviewed In-Service Training staff and examined the training records of all Ad Seg staff assigned to the unit for one year or more.

The review revealed that 58 custody staff members have been assigned to the Ad Seg units for one year or more. These 58 staff members are each required to take 11 specialized training classes. Of the 638 required classes, 454 (71 percent) have been completed.

2. **ICC.** The ICC shall consist of:
 - Warden or Regional Parole Administrator, or Deputy Warden or Assistant Regional Parole Administrator (chairperson);
 - Correctional Administrator or Parole Administrator III (alternate Chairperson);
 - Psychiatrist or Physician;
 - Facility Captain;
 - Correctional Captain;
 - Correctional Counselor (CC) III or Parole Agent III, or CC II or Parole Agent II (Committee Recorder);
 - Assignment Lieutenant;

- Educational or Vocational Program Representative; and
 - Other Staff as required.
- (Authority cited: PC, Sections 5054 and 5058. Reference: CCR, Title 15, Section 3376(c)(2); and DOM, Section 62010.8.2.)**

Findings

COMPLIANCE

The ACPRB review team examined 30 central files, reviewed CDC 128-Gs, and observed ICC.

The review revealed that the composition of the ICC was in compliance with this standard.

3. **Record of Disciplinary.** All institutions will maintain a Register of Institution Violations. A Register of Institution Violations is a compilation of one completed copy of each rule violation report issued at a facility, maintained in chronological order.
(Authority cited: PC, Sections 2081, 5054, and 5058. Reference: CCR, Title 15, Sections 3326(a)(1-2); and DOM, Section 52080.15.1.)

Findings

COMPLIANCE

The ACPRB review team interviewed appropriate staff and examined the Disciplinary Log and Register of Institutional Violations.

The review revealed that the Institution maintains two Registers of Institutional Violations that meet the basic requirements of DOM. A tracking system is used to follow each disciplinary log number and adjudicated Rules Violation Report.

4. **Post Order-Firearms.** Detailed instructions regarding the use of firearms shall be contained in the post orders of armed posts and shall be issued to staff that may regularly be required to use firearms in the course of their duties.
(Authority cited: PC, Section 830, 832.5, 5054, and 5058. Reference: DOM, Section 55050.4.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that there are nine identified gun posts in Unit IV-A (Control) that require use of force policies be addressed as part of the post orders. Each (100 percent) of the nine armed posts directed the staff member to read, understand, and become familiar with the departmental CCR, Section 3268.

5. **Post Order-Job Site.** A copy of the post order shall be provided for every post and a copy shall be physically located at each job-site.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that a current copy of the post order is provided at the job-site for each (100 percent) of the 53 Ad Seg posts.

6. Employees under post orders are required to sign and date the Post Order Acknowledgment Sheet (CDC 1860) verifying their understanding of the duties and responsibilities of the post. This shall be completed when the employee is

assigned to the post, when the post order has been revised, or upon returning from an extended absence.

Findings

PARTIAL COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed there are 110 identified staff that are assigned to 53 Ad Seg unit posts. Of the 127 required signatures, 64 (50 percent) were present acknowledging the understanding of the post orders.

- a. **Post Order-Supervisor.** Supervisors, by authority of the Correctional Captain or area Manager, shall ensure that employees read and understand their post orders upon assuming their post.
(Authority cited: PC, Sections 5054 and 5058. Reference: DOM, Section 51040.6.1.)

Findings

PARTIAL COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that unit IV-A supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post.

- b. At a minimum of once each month, supervisors shall inspect the post orders and sign the CDC 1860. Any torn or missing pages noted shall be replaced as soon as practical.

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that the custodial supervisors assigned to the Ad Seg units inspect the CDC 1860 on a monthly basis.

- c. A CDC 1860 shall be attached to each post order and shall be utilized to verify that the assigned staff member has read and understood the post orders for their post. Post order acknowledgment forms shall be kept for a period of one year from the date of last entry unless deemed evidentiary (then retained until no longer needed).
(Authority cited: PC, Sections 5054 and 5058. Reference DOM, Section 51040.6.2.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that CCI utilizes a CDC 1860 to allow the staff member to verify, by signature, that they have read and understand the order for the post and the supervisor then countersigns this. Of the 53 post orders 50 (94 percent) contained the current acknowledgment sheet. The 31 remaining post orders (Unit IV-A first watch control) were missing.

7. **Protective Vests.** All staff entering special housing units are required to wear protective vests.
(Authority cited: DOM, revision of Section 33020.16, dated January 6, 2006, referencing mandatory vest wear.)

Findings

COMPLIANCE

The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff.

The review revealed that all required staff wear a protective vest while in the Ad Seg units.

Review of Administrative Segregation and Due Process

California Correctional Institution

GLOSSARY

AB	Administrative Bulletin
ACPRB	Adult Compliance/Peer Review Branch
Ad Seg	Administrative Segregation
AOD	Administrative Officer of the Day
AW	Associate Warden
CC	Correctional Counselor
CCI	California Correctional Institution
CCR	California Code of Regulations
CDCR	California Department of Corrections and Rehabilitation
CDC 114	Isolation Log Book
CDC 114-A	Daily Inmate Segregation Record
CDC 114-A1	Inmate Segregation Profile
CDC 114-D	Administrative Segregation Unit Placement Notice
CDC 128-G	Classification Chrono Form
CDC 1030	Confidential Information Disclosure
CDC 1860	Post Order Acknowledgment Sheet
CSR	Classification Staff Representative
DOM	Department Operations Manual
DS 5003	Fire Drill Report
IB	Informational Bulletin
ICC	Institution Classification Committee
IE	Investigative Employee
MHSDS	Mental Health Services Delivery System
PC	California Penal Code
SA	Staff Assistant
SHU	Security Housing Unit

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

OFFICE OF AUDITS AND COMPLIANCE

REPORT OF FINDINGS AND RECOMMENDATIONS

BUSINESS SERVICES

CALIFORNIA CORRECTIONAL INSTITUTION

JUNE 1 THROUGH JUNE 12, 2009

CONDUCTED BY
THE AUDITS BRANCH



TABLE OF CONTENTS

<u>SUBJECT</u>	<u>PAGE</u>
Introduction	I
Audit Scope	II
Symptoms of Control Deficiencies	III
Corrective Action Plan.....	IV
Executive Summary	V
Findings and Recommendations	
I. Administrative Concerns.....	1
II. Health and Safety	2
III. Internal Control	3
IV. Late Detection and Additional Workload.....	5
V. Policies and Procedures.....	11
VI. Fines and Penalties	12
VII. Training	13
Glossary	15
Attachment A – Sample Corrective Action Plan	

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

CALIFORNIA CORRECTIONAL INSTITUTION

INTRODUCTION

The California Department of Corrections and Rehabilitation's (CDCR), Office of Audits and Compliance (OAC), Audits Branch conducted an audit of Business Services at the California Correctional Institution (CCI). The purpose of the audit was to analyze and evaluate the level of compliance with state and departmental policies, procedures, rules, regulations, operational objectives, and guidelines. The following areas were audited:

- Personnel Transactions;
- Classification and Pay;
- Payroll/Accounting;
- Position Control;
- Procurement;
- Materials Management (i.e., Warehousing);
- Plant Operations;
- Food Services;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

The fieldwork was performed during the period of June 1 through June 12, 2009. The exit conference was held on June 12, 2009.

René Francis, Certified Government Financial Manager, supervised the audit. Management Auditors Deborah Brannon, Michael Robinson, Naomi Banks, and Saihra Posas conducted the audit. In addition, Bruce Rummel, Assistant Food Manager, High Desert State Prison; Sherri Harris, Classification and Pay Analyst, California State Prison, Los Angeles County; Wayne Houston, Correctional Plant Supervisor, California State Prison, Solano; and Bob Schneider, Procurement Officer, Salinas Valley State Prison; provided subject matter expertise. Patricia Weatherspoon, Senior Management Auditor, provided second line supervision and review. Alberto Caton, Correctional Administrator, coordinated and managed the audit. Richard C. Krupp, Assistant Secretary, OAC, provided executive management oversight.

The audit consisted of an entrance conference, review of the prior reports, tests of transactions, interviews, observations, periodic management briefings, an exit conference, and issuance of the preliminary audit report.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

CALIFORNIA CORRECTIONAL INSTITUTION

AUDIT SCOPE

The scope of the audit encompasses the examination and evaluation of the adequacy and effectiveness of CCI's system of management control and compliance to applicable policies, procedures, rules, and regulations. The audit period may include prior fiscal years if deemed necessary. The control objectives include, but are not limited to the following:

- State assets are safeguarded from unauthorized use or disposition;
- Transactions are executed in accordance to management's authorizations;
- Transactions are executed in accordance with applicable rules and regulations;
- Transactions are recorded correctly to permit the preparation of financial and management reports; and
- Programs are working efficiently and effectively.

In order to determine the adequacy of the control systems and level of compliance with state, federal, and departmental fiscal procedures, the audit team performed the following audit procedures:

- Examined evidence on a test basis supporting management's assertions;
- Performed detailed analyses of documentation and transactions;
- Interviewed facility staff;
- Made inspections and observations;
- Performed group discussions of the overall impact of deficiencies; and
- Discussed deficiencies with supervisors and management throughout the audit process.

SYMPTOMS OF CONTROL DEFICIENCIES

Experience has indicated that the existence of one or more of the following danger signals will usually be indicative of a poorly maintained or vulnerable control system. These symptoms may apply to the organization as a whole or to individual units or activities. Department heads and managers should identify and make the necessary corrections when warned by any of the danger signals listed below:

- Policy and procedural or operational manuals are either not currently maintained or are nonexistent;
- Lines of organizational authority and responsibility are not clearly articulated or are nonexistent;
- Financial and operational reporting is not timely and is not used as an effective management tool;
- Line supervisors ignore or do not adequately monitor control compliance;
- No procedures are established to assure that controls in all areas of operation are evaluated on a reasonable and timely basis;
- Internal control weaknesses detected are not acted upon in a timely fashion; and
- Controls and/or control evaluations bear little relationship to organizational exposure to risk of loss or resources.

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CALIFORNIA CORRECTIONAL INSTITUTION

CORRECTIVE ACTION PLAN

CCI's corrective action plan (CAP) is due within 30 days of receipt of the preliminary audit report. See Attachment A for a sample of the format.

The CAP is designed to document the institution's plan to fully resolve the audit findings. It includes a brief description of the audit finding, the classification of the personnel directly responsible for resolving the finding(s), their telephone number and/or extension, a brief description of the proposed action and the anticipated date of completion.

Please e-mail your completed CAP to Alberto.Caton@cdcr.ca.gov and Daisy.Sagun@cdcr.ca.gov. Send the original to Alberto Caton, OAC, P.O. Box 942883, Sacramento, CA 95811-7243.

If you need additional time to prepare your CAP, please contact Alberto Caton, Correctional Administrator at (916) 255-2717.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

CALIFORNIA CORRECTIONAL INSTITUTION

EXECUTIVE SUMMARY

The Audits Branch conducted an audit of the Business Services Operations at CCI during the period of June 1 - 12, 2009. The purpose of the audit was to determine the level of compliance with state, federal, and departmental rules, regulations, policies, and procedures. Prior to this audit, the Audits Branch conducted an audit of CCI's business services from June 26 through August 11, 2006. Unresolved findings are identified in this report as "Prior Finding."

The exit conference was held on June 12, 2009. The Audits Branch requested that CCI provide a CAP within 30 days of receipt of the preliminary audit report.

Areas audited:

- Personnel Transactions;
- Classification and Pay;
- Payroll/Accounting;
- Position Control;
- Procurement;
- Materials Management (i.e., Maintenance Warehouses and Property);
- Plant Operations;
- Inmate Trust Accounting;
- Environmental Health and Safety; and
- Occupational Health and Safety.

Twenty findings are identified in the preliminary audit report, categorized under the following topics:

Category	Number of Findings	Page Number
Administrative Concerns	1	1
Health and Safety	2	2
Internal Control	2	3
Late Detection and Additional Workload	12	5
Policies and Procedures	1	11
Fines and Penalties	1	12
Training	1	13
Total	20	

This executive summary provides the category, a brief description of the finding, criteria, impact, and prior finding, if applicable.

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Accounting (36 percent), Personnel (30 percent), Plant Operations (16 percent), Procurement (15 percent), and Food Services (15 percent).

I. ADMINISTRATIVE CONCERNS

A. Probationary Reports and Individual Development Plans

Individual Development Plans (IDPs) and Probationary Reports are not always prepared by supervisors and managers in a timely manner. The Audits Branch sampled 366 employees, of which 292 did not receive their IDP or Probationary Report in a timely manner.

Impact: This condition may result in employees being unaware of their job performance and work expectations.

II. HEALTH AND SAFETY

A. Plant Operations

The Audits Branch noted that Codes of Safe Practices and Hazard Evaluations are not maintained in Facility I and II, paint, ground, maintenance, and engineer's shops, and in the Facilities IV maintenance shop.

Impact: This condition could result in duties not being performed in a safe and healthy manner.

A daily perpetual inventory of chemicals is not conducted and maintained in the Plant Operation's shops. This condition was noted at Facility I, grounds, paint, and maintenance shops, Facility II, paint, grounds and engineers' shops, Facility III, maintenance shops, and level IV-A and IV-B maintenance shops.

Impact: This condition could result in late detection of spills and missing chemicals.

III. INTERNAL CONTROL

A. Payroll (Prior Finding)

Controls over the distribution of salary warrants are inadequate and not standardized. For example, accounting receives a combination of letters, memorandums, check release forms, etc. from departments possibly identifying who will pickup warrants for distribution. However, the documents are not signed by a supervisor and/or manager approving the paymaster. Additionally, the accounting

office does not have a process for ensuring that the persons distributing payroll warrants do not handle personnel related documents which is prohibited based on the provisions of State Administrative Manual (SAM) and Department Operations Manual (DOM).

Impact: This condition could result in late detection of errors, irregularities, theft, and/or misappropriation.

B. Support Warehouse

Access to the support warehouse is not adequately controlled. For example, the warehouse does not maintain an access log that identifies the vendors and individuals. Also, the log does not indicate the time and date that the vendors and individuals entered into and exited the warehouse.

Impact: This condition could result in difficulty determining who accessed the warehouse.

IV. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Personnel Transactions

Accounts Receivables (AR) over 90 days are not resolved in a timely manner. Based on the aging report dated February 13, 2009, there are 520 outstanding ARs totaling \$151,860, of which, 45 had insufficient action.

Impact: This issue results in employees receiving an interest free loan from the State and creates additional workload, because the longer an AR is outstanding the more difficult it is to resolve.

B. Classification and Pay

Three retired annuitants' (RA) files were reviewed. Two of the three files are incomplete. One file is missing the checklist/approvals, the internal affairs form, the Tuberculosis (TB) clearance and the essential functions form. The second file is missing all forms for 2007 and 2008.

Impact: This condition results in difficulty determining whether retired annuitants are properly approved and appointed.

There are several deficiencies related to employees receiving Institutional Worker Supervisor Pay (IWSP). Of the 37 employees reviewed, 15 did not meet the IWSP criteria, which resulted in overpayments. As of June 11, 2009, ARs have not been established.

Impact: This issue could result in a hardship to an employee by voiding the IWSP and causing an overpayment.

C. Inmate Trust Accounting

Spoiled, voided, and cancelled checks are not properly mutilated to prevent their misuse.

Impact: These issues could result in late detection of missing state checks and may not prevent the misuse of voided checks.

As of June 11, 2009, there are 22 checks maintained in the trust office that are classified as undeliverable and should have been cancelled and/or forwarded to the State Controller's Office (SCO). Specifically, there are three salary warrants in which the oldest dates back to January 2007 and 18 agency checks in which the oldest dates back to February 2006.

Impact: The condition could result in loss of interest income to the State.

D. Food Services

Equipment located in Food Services is not tagged with a property tag.

Impact: This condition could result in late detection of lost and/or missing equipment, understatement of the property inventory, and make reconciling inventory difficult.

E. Plant Operations

During the period reviewed (i.e., November 2008 through April 2009) total hours were overstated by 10,000 hours, and 28,000 hours were categorized as non shop duties. The Audit Branch could not determine the purpose of the hours.

Impact: This condition could result in inaccurate reports used by management to make decisions.

Testing and maintenance of the emergency generators is not adequately documented. For example, logs do not reconcile to the Standard Automated Preventive Maintenance System (SAPMS) database, a log is not maintained for the generators located at the boiler house, and the Unit III's Lethal Electrified Fence (LEF) and logs are not certified with initials and/or signatures. Additionally, there are no local operating procedures which standardize the testing and maintenance policy for the generators.

Impact: This condition could result in difficulty determining whether emergency generators are tested.

Equipment Maintenance Data Summary Sheets (EMDSS) are not always prepared when a new item of equipment is installed. For example, an EMDSS has not been prepared for a pulper and an industrial food processor totaling \$96,000 that were purchased this fiscal year.

Impact: This condition could result in difficulty identifying equipment and establishing a preventive maintenance (PM) schedule based on the manufacturer's warranty.

The asset/equipment history reports are not reviewed, equipment is not clearly identified with a SAPMS tag, a complete inventory of equipment is not maintained in the SAPMS database and the parts, materials and labor required to perform PM is not always tracked.

Impact: This condition could result in difficulty identifying equipment and tracking its related PM history, decrease efficiency, and possibly result in an additional repair cost.

There are deficiencies related to the cross connection program (i.e., backflow devices). For example, there is no master list which identifies the location, serial number and manufacturer, there is no testing schedule for 2008 and 2009, and the certified backflow assembly tester does not complete the test.

Impact: This condition results in difficulty determining the location and number of backflows, as well as the test dates and results.

The PM schedule requires that PM be performed quarterly and semi-annually. However, PM of the heating, ventilation, and air conditioning (HVAC) located in Unit-4A; mechanical room, Unit-4B; food services, Unit-3B; and support services, Unit-4A; were not performed on a quarterly and/or semiannual basis between January 2008 and May 2009.

Impact: This condition could result in late detection of problems and additional cost to repair.

V. POLICIES AND PROCEDURES

The Plant Operations Procedure Manual (POPM) is not adequately maintained. For example, it does not contain a PM section; various Operational Procedures are not up to date; the Confined Space, Respiratory Protection, and Lock Out Tag procedures are not approved; and there is no written fall protection plan.

Impact: This condition could result in difficulty training and ensuring that employees are following current policies, practices, and procedures.

VI. FINES AND PENALTIES

It does not appear that all Stationary Engineers who reclaim refrigerants have been certified and trained by the California Environmental Protection Agency (CalEPA) to perform maintenance, repair and disposal of refrigerants. The Audits Branch received two certifications, but there are eight to ten stationary engineers who may perform the task.

Impact: This condition could result in penalties and fines.

VII. TRAINING

Staff in the areas of Procurement, Plant Operations, Food Services, and Personnel did not meet the training hours required within a 12 month period as stated in DOM. For example, 50 percent of the staff sampled in Procurement did not meet the requirement; supervisors in Plant Operations did not receive tool control, hazardous materials, confined space and respiratory training and approximately 75 percent of the employees within Food Services did not receive sufficient training.

Impact: This condition could result in staff not being informed of current policies, practices, and procedures related to their job duties.

FINDINGS AND RECOMMENDATIONS

It should be noted that turnover in the area of Business Services over the past 12 months is as follows: Accounting (36 percent), Personnel (30 percent), Plant Operations (16 percent), Procurement (15 percent), and Food Services (15 percent).

I. ADMINISTRATIVE CONCERNS

A. Probationary Reports and Individual Development Plans

IDPs and Probationary Reports are not always prepared by supervisors and managers in a timely manner. The Audits Branch sampled 366 employees, of which 292 did not receive their IDP or Probationary report in a timely manner.

This condition may result in employees being unaware of their job performance and work expectations.

California Code of Regulations, Section 599.798, Performance Appraisal, states in part: “(b) Performance appraisal is a continuing responsibility of all supervisors, and supervisors shall discuss performance informally... shall make an appraisal in writing and shall discuss with the employee overall work performance at least once in each twelve calendar months....”

The Report of Performance for Probationary Employee (Std. 636) states in part: “A probationary period of not less than six months or more than one year is required before permanent civil service status is attained, and reports must be prepared at the end of each one-third portion of the period....”

Personnel Transaction Manual, Agency Responsibility, Section 900.1, states in part: “. . . each State agency is responsible for the administration of the performance appraisal program for permanent and probation employee. The success of programs will depend largely on the effectiveness of training provided in the agency for employees, supervisors, and management at all levels. Each agency shall adopt a system of performance appraisals in accordance with the rules of the State Personnel Board.”

Recommendation

Establish a procedure to ensure that Probationary Reports and IDPs are completed in a timely manner. In addition, the personnel office should include a process that notifies management of the individuals with delinquent reports.

II. HEALTH AND SAFETY

A. Plant Operations

1. Communicating Work Place Hazards

Employees in Plant Operations are not always provided information related to hazards within their work area. For example, the Audits Branch noted that Codes of Safe Practices and Hazard Evaluations are not maintained in Facility I and II paint, ground, maintenance, and engineers' shops, and in Facilities IV maintenance shop.

This condition could result in duties not being performed in a safe and healthy manner.

DOM, Section 31020.3, Objectives, states: "All systems shall meet or exceed the minimum safety and health standards of the General Industry Safety Orders (GISO), CCR, title (8); Manual of Standards for Adult Correctional Institutions (ACA); National Fire Protection Association (NFPA) Life Safety Codes; Health and Safety Code (H&SC); and all other applicable federal, state, and local laws, ordinances, and codes regarding occupational safety, environmental health, and fire prevention and control."

CCI's Injury and Illness Prevention Plan (IIPP), states: "Supervisors are responsible for ensuring that staff is supplied access to hazard information pertinent to their work assignments (i.e., work area postings)."

CCI's IIPP Supervisors' Responsibilities, states in part; "Implementing measures to eliminate or control workplace hazards and communicating pertinent hazards to employee...."

Recommendation

Comply with DOM and CCI's IIPP program.

2. Perpetual Inventory of Chemicals

A daily perpetual inventory of chemicals is not conducted and maintained in the Plant Operations shops. This condition was noted at Facility I grounds, paint, and maintenance shops; Facility II paint, grounds, and engineers' shops; Facility III maintenance shops; and level IV-A and IV-B maintenance shops.

This condition could result in late detection of spills and missing chemicals.

Article 17 — Control of Dangerous and Toxic Substances, September 8, 1989, Section 52030.1, Policy, states: "All units of the Department shall meet or exceed the requirements of all rules, regulations and laws applicable to identification, training, use, storage, handling and disposal of hazardous, toxic, volatile, caustic

and flammable substances; including those established in the Guidelines for the Control and use of Flammable, Toxic and Caustic Substances, and the Hazardous Substances Information and Training Act, LC, Division 5, Chapter 2.5. The Department shall provide a working and living area that is as free as possible from unsafe and unhealthy exposure which could lead to personal injury or illness.”

Article 17 — Control of Dangerous and Toxic Substances, September 8, 1989, Section 52030.2, Purpose, states: “This procedure shall establish a method for the identification, receipt, training, issue, handling (or use), inventory and disposal of hazardous substances, which is in compliance with all federal, state, and local laws or ordinances.”

DOM, Section 52030.4.1, states: “Department heads and supervisors shall monitor daily compliance with this procedure in the areas of their responsibilities. All supervisors shall: Control the use of all known hazardous, toxic, volatile, flammable and caustic substances within their jurisdiction. Maintain a completed Materials Safety Data Sheets (MSDS) and CDC Form 964, Operational Control Sheet of Hazardous, Toxic, Volatile Substances, for each such substance used in the work area. Inform employees and inmates of the right to personally receive information regarding hazardous substances to which they may be exposed in accordance with the CCR (8) 5194 (d) (6). Maintain a constant daily inventory of all hazardous substances used or stored within the work area. Inventory lists shall be kept in a place inaccessible to inmates and separate from where items are stored. Provide on request of an employee, inmate or their representative, copy of the MSDS for each substance used in the work area.”

Recommendation

Establish a process to ensure that perpetual inventory of chemicals is completed in the Plant Operation shops and monitor the process for compliance.

III. INTERNAL CONTROL

A. Payroll (Prior Finding)

Controls over the distribution of salary warrants are inadequate and not standardized. For example, accounting receives a combination of letters, memorandums, check release forms, etc. from departments possibly identifying who will pickup warrants for distribution. However, the documents are not signed by a supervisor and/or manager approving the paymaster. Additionally, the accounting office does not have a process for ensuring that the persons distributing payroll warrants do not handle personnel related documents.

This condition may result in late detection of errors, irregularities, theft, and/or misappropriation.

SAM, Section 8580.1, states: “State agencies will observe the following separation of duties in designating persons who can certify or process personnel documents to State Controller’s Office, Division of Personnel and Payroll Services. Persons designated by agencies to receive salary warrants from SCO, or to distribute salary warrants to employees, or to handle salary warrants for any other purpose will not be authorized to process or sign any of the following personnel documents: d. Absence and Additional Time Worked Report form, STD. 634 (the STD 634 has been replaced by the CDC 998A). Departments will review duties at least semiannually or more often if necessary to comply with this section.”

DOM, Section 311556.1, states in part: “...the purposes of separation of duties and adequate internal control, pay warrants shall not be disbursed by the person who authorized the disbursement, nor by the person who prepared the warrant.”

Recommendation

Establish a procedure that complies with the SAM and DOM policy and monitor the process for compliance. Ensure that persons designated to receive, distribute or handle salary warrants are not authorized to process or sign personnel documents.

B. Support Warehouse

Access to the support warehouse is not adequately controlled. For example, the warehouse does not maintain an access log that identifies the vendors and individuals. Also, the log does not indicate the time and date that the vendors and individuals entered into and exited the warehouse.

This condition could result in difficulty determining who accessed the warehouse.

DOM, Section 22030.11.1, Establish Warehousing Facilities In Line With Distribution Plans, states in part: “At all facilities used to store and distribute materials, entry/exit controls shall be in place to restrict unauthorized personnel from having access to the inventory....”

Recommendation

Ensure that access to inventory is restricted.

IV. LATE DETECTION AND ADDITIONAL WORKLOAD

A. Personnel Transactions

1. ARs

ARs over 90 days are not resolved in a timely manner. As of February 13, 2009, there are 520 outstanding ARs over 90 days totaling \$151,860, of which, 45 had insufficient action.

This issue results in employees receiving an interest free loan from the State and creates additional workload, because the longer an AR is outstanding the more difficult it is to resolve.

SAM, Section 8776.6, Nonemployee Accounts Receivable, states in part: "Each department will develop collection procedures that will assure prompt follow-up on receivables. Following are procedures and guidelines that departments will use for the collection of amounts owed to the State from nonemployees. These procedures are in accordance with the Accounts Receivable Management Act as provided in GC [Government Code], Sections 16580 – 16586...."

SAM, Section 8776.7, Employee Accounts Receivable, states in part: "Government Code, Section 19838 requires reimbursement to the state of overpayments made to employees...for the purposes of this section, an amount owed to the state by an employee (an account receivable) is the equivalent of an overpayment. Accordingly, the collection procedures described below should, to the extent applicable, be employed to collect accounts receivable due from state employees...."

Recommendation

Develop a plan to eliminate the outstanding ARs and monitor the process for compliance.

B. Classification and Pay

1. RA

Of the RAs files that were reviewed, two were incomplete. One file was missing the check list/approvals, the internal affairs form, the TB clearance, and the essential functions form. The second file was missing all forms for 2007 and 2008.

This condition results in difficulty determining whether retired annuitants are properly approved and appointed.

The memorandum dated May, 20, 2008, Subject: RA appointment into fiscal year 2008/2009, states in part: "RAs Conflict of Interest (COI) code is required to file a

Statement of Economic Interest or leaving office statement within 30 days of employment or termination...in peace officer positions must be current in all required training...are required to participate in the annual TB testing program..."

The memorandum dated May 26, 2008, Subject: Implementation of the Retired Annuitant Hiring Package Checklist, states: "Effective immediately, the hiring Authority shall ensure that the "Retired Annuitant Hiring Package Checklist" is complete and included in the hiring packet of every Retired Annuitant."

Recommendation

Ensure that all RA hiring package checklists and files are complete.

2. IWSP

There are several deficiencies related to employees receiving IWSP. Of the 37 employees reviewed, 15 did not meet the IWSP criteria which resulted in overpayments. All files reviewed were missing verification of medical clearance, supervisory verification of hours and inmate duty statements. As of June 11, 2009, ARs have not been established.

This issue could result in a hardship to the employee by voiding the IWSP, thus causing an overpayment.

CCI staff should refer to the following policies and procedures when processing IWSP transactions: California State Civil Service Pay Scale, Pay Differential 67, Alternate Range Criteria 40, Personnel Management Policy and Procedures Manual, and Medical Clearances, Section 375.

Recommendation

Conduct a review of employees receiving IWSP to ensure that all files are complete and include proper documentation.

C. Inmate Trust Accounting

1. Checks

Spoiled, voided, and cancelled checks are not properly mutilated to prevent their misuse.

These issues could result in late detection of missing state checks and may not prevent the misuse of voided checks.

SAM, Section 8041, states in part: "Agencies will stamp or write in ink the word "void" across the face of such checks. Agencies also will cut, tear off, or block out completely the signature portion of these checks. . . ."

Recommendation

Ensure that all checks are properly voided in accordance with SAM.

2. Undeliverable Checks

As of June 11, 2009, there are 22 checks maintained in the trust office that are classified as undeliverable and should have been cancelled and/or forwarded to SCO. Specifically, there are 3 salary warrants in which the oldest dates back to January 2007, and 18 agency checks in which the oldest dates back to February 2006.

This condition could result in loss of interest income to the State.

SAM, Section 8580.5, states: "Warrants not delivered within 90 calendar days of receipt must be deposited and remitted to an escheat revenue account in the original fund that provided the resources to the State Payroll Revolving Fund."

SAM, Section 8042, states: "Unclaimed checks are those that have been returned to the agency and for which the payee cannot be located...ORF and general cash checks have a one-year period of negotiability...trust fund checks also have a one-year period of negotiability."

Recommendation

Remit unclaimed payroll warrants over 90 days to an escheat revenue account and return other agency checks to the appropriate agencies that are over one-year old.

D. Food Services

Equipment located in food service is not tagged with a property tag.

This condition could result in late detection of lost and/or missing equipment, understatement of the property inventory and make reconciling inventory difficult.

DOM, Section 22030.12.3, Property Identification Numbers, states: "Each item of state-owned property shall bear an identifying number, either by decal or engraving. The manufacturer's serial number for typewriters, computers, calculators, etc., shall not suffice for purposes of identification."

Recommendation

Ensure that all equipment is properly tagged.

E. Plant Operations

1. Plant Operations Maintenance Report

During the period reviewed (i.e., November 2008 through April 2009) total hours were overstated by 10,000 hours, and 28,000 hours were categorized as non shop duties. The Audits Branch could not determine the purpose of the hours. Additionally, the locksmith completed less than 50 percent of the work orders issued.

This condition could result in inaccurate reports used by management to make decisions.

The Departmental Plant Operations Maintenance Procedures Manual (DPOMPM) and the DOM, Section 11010.21.4, states: "Compile information for monthly reports as appropriate."

SAPMS guidelines, states in part: "Routing copies of the report to the following: Warden, Correctional Administrator, Business Services, and Correctional Plant Manager"

Recommendation

Route, validate, and review reports for accuracy to determine whether they accurately reflect Plant Operation's activities.

2. Emergency Generators

Testing and maintenance of the emergency generators is not adequately documented. For example, logs do not reconcile to the SAPMS database, a log is not maintained for the generators located at the boiler house, and the Unit III's LEF logs are not certified with initials and/or signatures. Additionally, there are no local operating procedures which standardize the testing and maintenance policy for the generators. For example, logs do not reconcile with the SAPMS database and with the permits to operate. Logs do not comply with Institutions Maintenance Unit (IMU) guidelines regarding load bank testing, and are not maintained for generators at the Boiler House and Unit III's LEF. Also, LEF generators are not tested weekly.

Finally, generators maintained at the Security Administration Building (SAB) have not been tested since March 24, 2009 according to the log book. However, according to the SAPMS database, the generator has not been tested since September 23, 2008.

This condition may result in difficulty validating emergency generators are tested in a timely manner.

The IMU memorandum, Emergency Power Generator Systems, dated December 21, 1999, states in part: ". . . institutions to conduct load bank tests on

emergency generators and recommends that the institution incorporate all assets and task into the SAPMS.”

Notice of Change to DOM transmittal letter 00-01, states: “Each institution/facility and parole region shall independently implement local procedures in accordance with all applicable laws and regulations governing those policies and procedures which are not covered by an approved DOM article.”

Recommendation

Comply with the IMU guidelines and the Notice of Change to DOM.

3. EMDSS

EMDSSs are not always prepared when a new item of equipment is installed. For example, an EMDSS was not prepared for a pulper and an industrial food processor totaling \$96,000, purchased this fiscal year.

This condition could result in difficulty identifying equipment and establishing a PM schedule based on the manufacturer’s warranty.

DPOMPM, Section 2.D.5 and SAPMS guidelines, state in part: “All equipment will be clearly identified by placing the unique standard equipment code on each piece of equipment . . . Transfer equipment data from the EMDSS following the guidelines in the Departmental Standard Plant Operations Maintenance Procedures Manual and develop assignment schedules for the completion of the PM.”

Recommendation

Prepare EMDSS and forward those to the SAPMS administrator timely to place newly purchased equipment on a PM schedule. Tag equipment in accordance with the DPOMPM.

4. PM

The asset/equipment history reports are not reviewed. Equipment is not clearly identified with a SAMPS tag (i.e., Food Services). A complete inventory of equipment is not maintained in the SAPMS database; and the parts, materials, and labor required to perform PM is not always tracked. Only 2,900 hours are spent performing PMs over the past six months.

This condition could result in difficulty identifying equipment and tracking its related PM history, decrease efficiency and possibly result in additional repair cost.

DPOMPM and SAPMS guidelines, state in part: “. . . establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment...Without such program equipment

will wear out prematurely, structures will deteriorate, and efficient function of the facility will be compromised.”

California Retail Food Code (CRFC), Section 114050, states: “All food facilities and all equipment, utensils and facilities shall be kept clean fully operative and in good repair.”

Recommendation

Comply with the methods of a PM program.

5. Cross Connection Program (Backflow Devices)

There are deficiencies related to the cross connection program (i.e., backflow devices). For example, there is no master list which identifies the location, serial number and manufacturer, there is no testing schedule for 2008 and 2009, and the certified backflow assembly tester does not complete the test. Additionally, the Audits Branch could not determine how many backflow devices are in service.

This condition results in difficulty determining the location and number of backflows, as well as the test dates and results.

California Plumbing Code, Section 603.3.2, states: “The premise owner or responsible party shall have the backflow prevention assembly tested by a certified backflow assembly tester at the time of installation, repair, or relocation and at least on an annual schedule thereafter or more often when required.”

SAPMS guidelines states in part; “. . . establish an effective and efficient (PM) procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment.”

California Department of Health Services, Section 7605, states:

“(c) Backflow preventers shall be tested at least annually or more frequently if determined to be necessary by the health agency or water supplier. When devices are found to be defective, they shall be repaired or replaced in the provisions of this chapter.

(d) Backflow preventers shall be tested immediately after they are installed, relocated or repaired and not placed in service unless they are functioning as required.

(e) The water supplier shall notify the water user when testing of backflow preventers is needed. This notice shall contain the date when the test must be completed.

(f) Reports of testing and maintenance shall be maintained by the water supplier for a minimum of three years.”

Recommendation

Create a master listing or use plot plans to identify all locations and devices. Maintain accurate data within the SAPMS; and test backflows on an annual basis.

6. HVAC PM

The PM schedule requires that PM be performed quarterly and semi-annually. However, PM of the HVAC located in Unit-4A; mechanical room, Unit-4B; food services, Unit-3B; and support services, Unit-4A; were not performed on a quarterly and/or semiannual basis between January 2008 and May 2009. See the Chart below:

Building and Location		Asset/Equipment Number	Most current PM and corrective work order history
MA-43	Unit-4A Mechanical Room #3 (HU5/HU6)	110000003634	January 2009. PM has not been performed since 2008.
MB-40	Unit-4B	110000001143	January 2008
M3-11	Unit-3 Food Services	110000000928	Quarterly schedule is not maintained and adhered to. Services rendered November 2008 and in May 2009.
MA-19	Unit-4A Support Services	110000001300	No PM in 2008. Repairs in 2009 cost \$593.78.

This condition could result in late detection of problems and additional cost to repair.

DPOMPM and SAPMS guidelines, states in part; “. . . establish an effective and efficient PM procedure. This procedure must establish the systematic maintenance of all major institutional facilities and equipment...Without such program equipment will wear out prematurely, structures will deteriorate, and efficient function of the facility will be compromised. The CPM [correctional plant manager] shall complete a review; at least monthly...This procedure will be reviewed and updated annually.”

Recommendation

Comply with the methods of a PM program.

V. POLICIES AND PROCEDURES

The POPM is not adequately maintained. For example, it does not contain a PM section; various operational procedures are not up to date; the Confined Space, Respiratory Protection, and Lock Out Tag out procedures; are not approved and there is no written fall protection plan. Additionally, the manual does not contain an index and is not organized.

This condition could result in difficulty training and ensuring that employees are following current policies, practices, and procedures.

DOM, Section 12010.2, states: "This article describes the regulations, manuals, and bulletins utilized to transmit departmental directives and establishes procedures for their review and approval, promulgation, distribution and maintenance."

DOM, Section 12010.3.1, Availability, states: "All policy directives are public records which shall be made available to employees, volunteers, inmates, parolees, other governmental agencies and the public, unless specifically exempt pursuant to GC 6254."

SAM, Section 20050, states: "Experience has indicated that the existence of the following danger signal will usually indicate a poorly maintained and vulnerable control system. Policy and procedural or operational manuals are either not currently maintained or are non-existent."

CCI's Operational Procedure number 100, 2005 Section II A, states: "The purpose of this procedure is to ensure a timely and adequate revision and distribution of Operational Procedures and manuals, and provide a means for all CCI employees to offer suggestions or input into the formulation of policy and procedures." Section II B, states in part:

"The objectives of this procedure are as follows:

1. To provide all staff with a clear understanding of the acceptable methods and guidelines for preparing and revising Operational Procedures..."

Recommendation

Review the POPM, update policies, procedures, and practices maintained in the POPM and systematically organize to assist in quick retrieval of information and training.

VI. FINES AND PENALTIES

It does not appear that all stationary engineers who reclaim refrigerants have been certified and trained by the CalEPA to perform maintenance, repair, and disposal of refrigerants. The Audits Branch received two certifications but there are eight to ten stationary engineers who may perform the task.

This condition could result in penalties and fines.

The CalEPA has established a technician certification program for persons (technicians) who perform maintenance, service, repair, or disposal that could be reasonably expected to release refrigerants into the atmosphere. The definition of technician specifically includes and excludes certain activities as follows: Included: Attaching and detaching hoses and gauges to and from the appliance to measure pressure within the appliance; Adding refrigerant to (for example topping-off) or removing refrigerant from the appliance any other activity that violates the integrity of the Motor Vehicle Air Conditioner (MVAC) like appliances, and small appliances. In addition, apprentices are exempt from certification requirements provided the apprentice is closely and continually supervised by a certified technician. Reclaimers are required to return refrigerant to the purity level specified in Air Conditioning and Refrigeration Institute (ARI) Standard 700-1993 (an industry-set purity standard) and to verify this purity using the laboratory protocol set forth in the same standard. In addition, reclaimers must release no more than 1.5 percent of the refrigerant during the reclamation process and must dispose of wastes properly. Reclaimers must certify to the Section 608 Recycling Program Manager at CalEPA headquarters that they are complying with these requirements, and the information given is true and correct. Certification must also include the name and address of the reclaimer and a list of equipment used to reprocess and to analyze the refrigerant.

Recommendation

Ensure that all staff who work with refrigerants receive proper training and certification.

VII. TRAINING

Staff in the areas of Procurement, Plant Operations, Food Services, and Personnel did not meet the training hours required within a 12 month period as stated in DOM. For example, 50 percent of the staff sampled in Procurement did not meet the requirement; supervisors in Plant Operations did not receive tool control, hazardous materials, confined space and respiratory training. Approximately 75 percent of the employees within Food Services did not receive sufficient training.

This condition could result in staff not being informed of current policies, practices, and procedures related to their job duties.

DOM, Section 32010.1, states: "The Department shall establish and maintain a program of employee training in which all employees shall participate."

DOM, Section 32010.13, states: "All employees shall receive 40 hours training annually, at least eight hours of which shall be formal classroom training. The

balance can be any combination of On the Job Training (OJT), formal In State Training (IST), or out-service training.”

DOM, Section 32010.5, states: “Job required training is designed to assure adequate performance in a current assignment.”

Recommendation

Ensure that all employees receive the minimum training requirements.

**OFFICE OF AUDITS AND COMPLIANCE
AUDITS BRANCH**

CALIFORNIA CORRECTIONAL INSTITUTION

GLOSSARY

ACA	Adult Correctional Institutions
AR	Accounts Receivable
ARI	Air Conditioning and Refrigeration Institute
CalEPA	California Environmental Protection Agency
CAP	Corrective Action Plan
CCI	California Correctional Institution
CCR	California Code of Regulations
CDCR	California Department of Corrections and Rehabilitation
COI	Conflict of Interest
CPC	California Plumbing Code
CRFC	California Retail Food Code
DHS	Department of Health Services
DOM	Department Operations Manual
DPOMPM	Departmental Plant Operations Maintenance Procedures Manual
EMDSS	Equipment Maintenance Data Summary Sheets
GISO	General Industry Safety Orders
HCP	Hazard Communication Program
HSC	Health and Safety Code
HVAC	Heating, Ventilation and Air Condition
IDP	Individual Development Plans
IIPP	Injury and Illness Prevention Plan
IMU	Institutions Maintenance Unit
IST	In-Service Training
IWSP	Institutional Worker Supervisor Pay
LEF	Lethal Electrified Fence
MSDS	Material Safety Data Sheets
MVAC	Motor Vehicle Air Conditioner
NFPA	National Fire Protection Agency
OAC	Office of Audits and Compliance
OJT	On the Job Training
PM	Preventive Maintenance
POM	Plant Operations Activity Report
POPM	Plant Operations Procedures Manual
RA	Retired Annuitant
SAB	State Administration Building
SAM	State Administrative Manual
SAPMS	Standard Automated Preventive Maintenance System
SCO	State Controller's Office
Std. 636	Performance for Probationary Employee
TB	Tuberculosis

SAMPLE FORMAT CORRECTIVE ACTION PLAN				
Item #	Audit Finding	Responsible Personnel	Proposed Action	Date to be Completed
A.1	<p>WRITTEN NOTICE</p> <p>Of the 30 records reviewed, 24 (80 percent) contained a clearly stated date and reasons for placement in part I, Notice of Reasons for Placement date. The remaining three records failed to clearly document the reason for placement in sufficient detail to enable the inmate to prepare a response or defense.</p>	<p>Facility Captain Do Not use individuals names and do Not use Acronyms.)</p>	<p>A. Facility Captains will ensure that each inmate placed in Administrative Segregation will have the placement date included on all CDC 114-Ds processed.</p> <p>B. Training will be provided by the Facility Captains to ensure sufficient information is documented in abundant detail in order for an inmate to articulate a response or defense</p>	2/2/2006

California Department of Corrections and Rehabilitation's
Office of Audits and Compliance
Information Security Office



Information Security Review
California Correctional Institution

June 1 through June 12, 2009

INFORMATION SECURITY OFFICER
Allen J. Pugnier

**Information Security Compliance Review
California Correctional Institution
June 8-12, 2009**

The Office of Audits and Compliance (OAC) Information Security Branch (ISB) conducted an Information Security Compliance Review of California Correctional Institution (CCI) during the period of June 8 through June 12, 2009. The review covered 18 different areas. CCI is compliant in 10 areas, partially compliant in 3 areas, and non compliant in 5 areas. The overall score is 82 percent. The chart below details these findings.

FINDINGS SUMMARY:

		Score	Compliant	Partial Compliance	Non Compliant
STAFF COMPUTING ENVIRONMENT					
1.	Use Agreement (Form 1857) is on file.	88%		PC	
2.	Annual Self-Certification of Information Security Awareness and Confidentiality forms are on file.	48%			NC
3.	Information Security Training is current.	45%			NC
4.	Staff can log on using their own password.	100%	C		
5.	Current authorized user's access is managed.	92%	C		
6.	Physical location of computer agrees with inventory records.	87%		PC	
7.	Staff computer labeled "No Inmate Access."	85%		PC	
8.	Staff monitors are not visible to inmates.	100%	C		
9.	Anti virus updates are current.	63%			NC
10.	Security patches are current.	63%			NC

INMATE COMPUTING ENVIRONMENT (Education, Library, Clerks)					
11.	Physical location of CPUs agrees to inventory records.	100%	C		
12.	Computer labeled as an inmate computer.	100%	C		
13.	Anti virus updates are current.	0%			NC
14.	Inmate monitors are visible to supervisor.	100%	C		
15.	Portable media is controlled.	100%	C		
16.	Telecommunications access is restricted.	100%	C		
17.	Operating system access is restricted.	100%	C		
18.	Printer access is restricted.	100%	C		

Test Totals

10	3	5
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Overall Percentage 82%

**Information Security Compliance Review
California Correctional Institution
June 8-12, 2009**

1. The Computing Technology Use Agreement Forms (CDC 1857) are not on file for all computer users. (88 percent compliance)

Recommendation: Require all staff users to complete the CDC 1857 before being granted computer access. All Contractors, volunteers, or visitors who use California Department of Corrections and Rehabilitation (CDCR) computers are required to complete an Information Access and Security Agreement Form (CDCR-ISO-1900) before being granted access. (DOM, Sections 48010.8 and 48010.8.2.)

Best Practice: Required forms can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

2. The Security Awareness Self-Certification and Confidentiality Agreement form is not on file for all computer users. (48 percent compliance)

Recommendation: Require all computer users to self-certify their information security awareness and confidentiality agreement on an annual basis using form CDCR ISO-3025 or equivalent. (DOM, Section 49020.10.1.)

Best Practice: Required forms can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

3. Information Security training is not current for all computer users. (45 percent compliance)

Recommendation: Review information security training procedures and training records maintenance. Require that all computer users receive annual information security training. Require appropriate documentation of the training. (DOM, Sections 49020.14.1 and 41030.1.)

Best Practices: The Security Awareness Training material can be found on the Information Security Office's intranet web site. <http://intranet/PED/Information-Security/>

4. The physical locations of staff computers do not agree to inventory records. (87 percent compliance)

Recommendation: Maintain accurate inventory records. Evaluate procedures and resources used to maintain inventory records. (DOM, Sections 46030.1, and 49010.4)

**Information Security Compliance Review
California Correctional Institution
June 8-12, 2009**

5. Staff monitors and computers are not correctly labeled “No Inmate Access.” (85 percent compliance)

Recommendation: Each computer in a facility shall be labeled to indicate whether inmate access is authorized. (Title 15 3041.3(d); DOM, Sections 49020.18.3 and 42020.6; and ISA 7.3.12.)

Best Practice: Affix appropriate labels to both the monitor and the CPU.

6. Staff computers do not have up-to-date antivirus software. (63 percent compliance)

Recommendation: Update antivirus software on all staff computers. (DOM, Section 48010.9.)

7. All staff computers do not have up-to-date security patches. (63 percent compliance)

Recommendation: Update security patches on all staff computers. (DOM, Section 48010.9.)

8. All inmate accessed computers do not have up-to-date antivirus software. (0 percent compliance)

Recommendation: Update antivirus software on all inmate computers. (DOM, Section 48010.9.)

OTHER OBSERVATIONS:

Observation 1: Several instances of password sharing were observed.

Recommendation: Passwords shall not be shared. (DOM, Section 49020.10.2.)

Best Practice: Emphasize in Information Security Awareness Training that password sharing is prohibited.

**Information Security Compliance Review
California Correctional Institution
June 8-12, 2009**

Observation 2: Critical data, in some areas, is not being backed up.

Recommendation: Each department manager should identify all data that is critical to their operations, including locally developed databases, and develop back-up and restoration procedures. A back up schedule should be established and enforced. (DOM, Section 48010.9.3.)

Observation 3: The cabinet doors to several law library kiosks were found unlocked.

Recommendation: The approved uses of workstations by inmates shall be carried out only under very tightly controlled circumstances. DOM, Section 49020.18.3.)

Observation 4: Inmate students are not under “direct and constant supervision” while accessing computers.

Recommendation: Inmates may access workstations for the purpose of completing specific tasks or assignments while under direct and constant supervision. (DOM, Section 49020.18.3.)

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

ARMSTRONG
SELF
MONITORING
EVALUATION

CALIFORNIA CORRECTIONAL INSTITUTION

JUNE 1 THROUGH JUNE 12, 2009



CONDUCTED BY

ARMSTONG BRANCH

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
Executive Summary**

California Correctional Institution (CCI) June 8 - 12, 2009

Evaluation Team Members:

OCC – Rapheal Frazier (Team Leader) Virginia Mercado, John Sharkey, Julianne Moreland, Rebeca Larios, Sylvia Gonzalez, and Doris Duvall.

OAC – Michael Brown, Jeff Thomas, Al Sisneros, and Charles Lester

Overall Score – 82%

The following areas/questions that have a score below 85%.

C. DPP TRAINING (51%)

1. a. All required staff did not attend the Armstrong Overview Training (A0554). Reviewed training records of 1976 staff required to attend with 30 staff attended. (2%)
1. b. All Custody and Correctional Counselor staff did not attend the Armstrong Custody Module (A0556). Reviewed 1308 training records of staff required to attend with 21 staff attended. (2%)
1. c. All Correctional Counselor staff did not attend the Armstrong Classification Module (A0555) required training. Reviewed training records of 62 staff required to attend with 0 staff attended. (0%)
- 1.d. All Health Care staff did not attend the Armstrong Health Care Module (A0557) required training. Reviewed training records of 207 staff required to attend with 0 staff attended. (0%)

D. DPP PROCESS VERIFICATION (79%)

Reviewed a total number of 83 Central Files.

8. The CDC 128G did not document DPP status and placement. Reviewed 27 relevant files with 12 correct. (44%)
9. The classification committee did not consider the inmates limitations as documented in the CDC Form 128C or the CDC Form 7410 when considering program assignments. Reviewed 11 relevant files with 7 correct. (64%)

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
Executive Summary**

California Correctional Institution (CCI) June 8 - 12, 2009

D. DPP PROCESS VERIFICATION cont...

12. Inmates designated as DPH, DPS, DNH, and DNS were not interviewed within 14 days of arrival or of being identified as DPH, DPS, DNH or DNS to determine the inmates' primary and secondary methods of communication. Reviewed 19 relevant files with 8 correct. (42%)
14. The CDC Form 1515 (Rev 05/01) did not document effective communication and accommodations provided to vision, hearing and speech disabled inmates and inmates on the LD and TABE 4.0 or lower lists. Reviewed 3 relevant files with 1 correct. (33%)

G. HOUSING (92%)

1. The DEC DPP Housing Rosters were not distributed to all Housing Units or Medical Clinics at least weekly.
 1. c. Reviewed 9 clinics with 2 correct. (22%)
 1. d. Education/Vocation Supervisor: Reviewed 1 with 0 correct. (0%)

H. EFFECTIVE COMMUNICATION (56%)

Reviewed a total number of 35 Unit Health Records.

3. The Division Head *does not* distribute the TABE 4.0 or lower list to the appropriate staff. Reviewed 6 with 4 correct. (67%)
5. The Division Heads do not distribute the Learning Disability (LD) List to all appropriate staff on a weekly basis. Reviewed 6 with 4 correct. (67%)
7. Effective Communication was not appropriately established or documented for DPH, DPV and DPS inmates and inmates on the LD and TABE 4.0 or Lower Lists for:
 - a. Classification Chrono, CDC Form 128-G. Reviewed 49 relevant files with 21 correct. (43%)
 - b. Notice of Classification Hearing, CDC Form 128B-1. Reviewed 51 relevant files with 10 correct. (20%)
 - c. Administrative Segregation Unit Placement Notice, CDC Form 114D. Reviewed 8 relevant files with 0 correct. (0%)
 - d. Rule Violation Reports (CDC115). Reviewed 8 relevant files with 3 correct. (38%)
 - e. Investigative Employee Report. Reviewed 1 with 0 correct. (0%)

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
Executive Summary**

California Correctional Institution (CCI) June 8 - 12, 2009

H. EFFECTIVE COMMUNICATION cont...

8. Effective Communication was not documented by health care providers for clinical encounters with DPH, DPV, DPS, and inmates on the LD or Tab 4.0 or lower lists:
 - a. Medical Progress notes: Reviewed 80 entries with 5 correct. (6%)
 - b. Mental Health Progress notes: Reviewed 28 entries with 0 correct. (0%)
 - c. Dental Progress notes: Reviewed 21 entries with 0 correct. (0%)

I. DISABILITY VERIFICATION (81%)

2. Section C and/or D of the CDC Form 1845 are not completed correctly. Reviewed 40 with 12 correct. (30%)
3. Section F (if applicable) of the CDC Form 1845 was not completed correctly. Reviewed 8 and 6 correct. (75%)
5. The CDC 128B Chrono was not attached to the front of the CDC Form 1845 for inmates with hearing and speech disabilities in the C Files and UHRs.
 - a. Unit Health Records: Reviewed 3 relevant with 0 correct. (0%)
 - b. Central Files: Reviewed 16 with 11 correct. (69%)

K. ACCESSIBILITY OF PROGRAMS (96%)

- 1.c. Health Care Appliances (HCA) were not listed on the inmate's property cards in Receiving and Release. Reviewed 4 with 0 correct. (0%)

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

Institutional Summary		Value	Score	Success
		1570	1282	82%
A.	DPP POLICY	70	70	100%
B.	DPP MISSION	20	20	100%
C.	DPP TRAINING	170	86	51%
D.	DPP PROCESS VERIFICATION	140	111	79%
E.	PHYSICAL PLANT AND MAINTENANCE	0	0	0%
F.	APPEALS	270	270	100%
G.	HOUSING	120	110	92%
H.	EFFECTIVE COMMUNICATION	275	153	56%
I.	DISABILITY VERIFICATION	170	138	81%
J.	DEC SYSTEM	60	60	100%
K.	ACCESSIBILITY OF PROGRAMS	275	264	96%

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

A. DPP POLICY

		Value	Score
1. Are the ARP and other Armstrong court related documents contained in the Warden's Handbook/Binder to include the January 18, 2007 Armstrong Injunction?	0	0	0
2. Do local Operational Procedures (OPs) include the following for inmates with disabilities? (ARP IV, 1, 5, 6, 8, & 10)			
a. Modification of standing count procedures for mobility impaired inmates	y	10	10
b. Search policy for mobility impaired inmates and prosthetic limbs	y	10	10
c. Telephone/TDD/TTY Procedure	y	10	10
d. Evacuation Procedure	y	10	10
3. Does the institution have a written plan for alternate DPW ASU:			
A. Housing	y	10	10
B. Yard accessibility	y	10	10
C. Shower	y	10	10
4. Is the current DPP Disability Effective Communication (DEC) Roster in the Warden's Handbook/Binder?	0	0	0
Total		70	70

B. DPP MISSION

1. Is the Institution's DPP mission contained in the Warden's Handbook/Binder?	0	0	0
2. Is an ADA Coordinator identified and is he/she at an Associate Warden/Correctional Administrator level or higher?	y	10	10
3. Is the DPP Teacher position(s) filled?	0	0	0
4. Are DPP responsibilities included in duty statements for:			
a. ADA Coordinator	y	10	10
b. DPP Teacher	0	0	0
5. Is the staff Sign Language Interpreter position filled, or has the institution made efforts to fill the position where required?	0	0	0
Total		20	20

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

C. DPP Training

				Value	Score
1.	Have staff received formal DPP training with a DPP Lesson Plans to include the following?:				
	a. Overview: A-0554 (All Staff)				
	Number of Staff Requiring Training	Number of Staff Trained			
	1976	30	2%	20	0
	b. Custody: A-0556 (Custody and Correctional Counselor Staff)				
	Number of Staff Requiring Training	Number of Staff Trained			
	1308	21	2%	20	0
	c. Classification: A-0555 (Correctional Counselor Staff)				
	Number of Staff Requiring Training	Number of Staff Trained			
	62	0	0%	20	0
	d. Health Care: A-0557 (Medical, Mental Health, Dental Staff)				
	Number of Staff Requiring Training	Number of Staff Trained			
	207	0	0%	20	0
2.	Have designated staff received formal interagency training (OCC/DOR) in each of the following?:				
	a. Health Care Appliances: A-1170 (Custody Staff in ASU/SHU/R&R)				
	Number of Staff Requiring Training	Number of Staff Trained			
	252	234	93%	20	19
	b. Effective Communication: A-1171 (Correctional Counselors/Health Care Staff)				
	Number of Counseling Requiring Training	Number of Staff Trained			
	56	51	91%	20	18
	Number of Health Care Staff Requiring Training	Number of Staff Trained			
	217	211	97%	20	19
3.	Do lesson plans for Staff Assistants include the policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?			y	10 10
4.	Do lesson plans for Investigative Employees include the policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?			y	10 10
5.	Does training for Hearing Officers and Senior Hearing Officers include existing policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?			y	10 10
Total				170	86

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

D. DPP PROCESS VERIFICATION

					Value	Score			
1.	Does the bus screening process include an interview to determine whether the inmate has a disability?								
	Number Reviewed	<u>4</u>	Number OK	<u>4</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
2.	If the interview indicates that the inmate may have a disability, does the nurse refer the inmate for medical verification if needed?								
	Number Reviewed	<u>4</u>	Number OK	<u>4</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
3.	Does the Institution Staff Recommendation Summary (ISRS) or the CDC 816, RC Readmission Summary contain information about the inmate's disability?								
	Number Reviewed	<u>3</u>	Number OK	<u>3</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
4.	If the RC stay is extended and the inmate is DPX or dialysis, is there a CDC 128G addressing the Privilege Group (PG) on the 61 st day?								
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0	
0	0								
5.	When granted, are inmates receiving their privileges?								
	Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
6.	Are inmates who have impacting disabilities transferred within seven days from a Reception Center with a mission that is inconsistent with the inmate's disability?				<table><tr><td>Y</td></tr></table>	Y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
Y									
10	10								
7.	Is the Expedited Transfer process being followed for General Population inmates that have disabilities that impact their placement?				<table><tr><td>y</td></tr></table>	y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
y									
10	10								
8.	Is there a CDC Form 128 G documenting DPP status and placement?								
	Number Reviewed	<u>27</u>	Number OK	<u>12</u>	<u>44%</u>	<table><tr><td>10</td><td>4</td></tr></table>	10	4	
10	4								
9.	Does the Classification Committee consider the inmate's limitations as documented in the CDC Form 128 C or CDC 7410 when considering program assignments?								
	Number Reviewed	<u>11</u>	Number OK	<u>7</u>	<u>64%</u>	<table><tr><td>10</td><td>6</td></tr></table>	10	6	
10	6								
10.	Are inmates evaluated for community-based programs (Camp, FTTP, DTF, CPMP) based on the application of criteria in ARP ILH and IV. K.?								
	Number Reviewed	<u>16</u>	Number OK	<u>16</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

D. DPP PROCESS VERIFICATION

				Value	Score
11.	If the DPx inmate is on Medically Unassigned or Medically Disabled status, is there a CDC Form 128G reflecting a classification committee's review of limitations listed on a CDC Form 128 C and/or CDC Form 7410?				
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>
				0	0
12.	Are inmates designated as DPH, DPS, DNH, and DNS interviewed within 14 days of arrival or of being identified as DPH, DPS, DNH or DNS to determine the inmates' primary and secondary methods of communication?				
	Number Reviewed	<u>19</u>	Number OK	<u>8</u>	<u>42%</u>
	Comments:			20	8
13.	Does the CDC Form 611 (Rev 05/01) or CDC Form 128B appropriately reflect all documents in the Central File that verify disabilities?				
	Number Reviewed	<u>5</u>	Number OK	<u>5</u>	<u>100%</u>
	Comments:			20	20
14.	Does the CDC Form 1515 (Rev 05/01) document effective communication and accommodations provided to vision, hearing and speech disabled inmates and inmates on the LD and TABE 4.0 or Lower lists?				
	Number Reviewed	<u>3</u>	Number OK	<u>1</u>	<u>33%</u>
	Comments:			10	3
Total				140	111

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

E. PHYSICAL PLANT AND MAINTENANCE

	Value	Score	
1. Does the institution have a written procedure regarding how work orders for ADA features are processed? Comments:	0	0	0
2. Does the written procedure contain specific duties for the following staff?			
a. Correctional Plant Manager	0	0	0
b. ADA Coordinator	0	0	0
c. SAPMS Manager	0	0	0
d. Area Supervisors (custody & non-custody)	0	0	0
3. Does the institution have procedures in place that requires a daily check of accessible features, assets and path of travel in housing units and program areas?	0	0	0
4. Are staff aware of the procedure to identify non ADA/general work orders discrepancies to ADA accessible features/assets? Number Interviewed <u>0</u> Number OK <u>0</u> 0% Comments:		0	0
5. Do employees complete daily inspections and ADA work order request forms by identifying the discrepancies, noting "ADA" on the upper portion of the request, sign and route to their supervisor during their shift? Number Reviewed <u>0</u> Number OK <u>0</u> 0% Comments:		0	0
6. Are all the ADA work orders for repairs input into the SAPMS system and given priority status? ADA Work Orders Number Reviewed <u>0</u> Number OK <u>0</u> 0% General Work Orders Number Reviewed <u>0</u> Number OK <u>0</u> 0% Comments:		0	0
7. Do the supervisors review the work order request forms for accuracy, sign and route the originals to the correctional plant manager and a copy to the ADA Coordinator within the same day the work order request was received or by the next business day if the work order request was submitted during non-business hours, weekends, or holidays? Number Reviewed <u>0</u> Number OK <u>0</u> 0% Comments:		0	0
8. Does the ADA Coordinator use the current SAPMS Open Work Order Report to update the "ADA State of Repair Report" and to provide daily oversight of pending ADA repairs and alternative accommodations? Comments:		0	0

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

E. PHYSICAL PLANT AND MAINTENANCE

	Value	Score
9. Does the institution have a designated SAPMS Manager to input work order request? Comments:	0	0
10. Does the SAPMS manager submit the SAPMS Open Work Order Report to the ADA Coordinator monthly? Comments:	0	0
11. Does the SAPMS manager or designee input ADA work order data within 24 hours of receipt and determine priority utilizing the appropriate SAPMS shop code? Comments:	0	0
12. Does the Appeals Coordinator contact the ADA Coordinator to inform him/her of an inmate's claim on a CDC 602/1824 of an inoperable ADA accessible feature/asset? Comments:	0	0
13. Once the ADA Coordinator is notified by the Appeals Coordinator, has a ADA work order been generated? Appeals Reviewed with <u>0</u> Inoperable Features Number with <u>0</u> Work Orders 0% Comments:	0	0
14. Does the ADA Coordinator send the current ADA State of Repair Report to the OCC Correctional Administrator and the respective Associate Director by the 15th of each month? Comments:	0	0
15. Does the ADA Coordinator track, follow-up and monitor the status of ADA repairs? Comments:	0	0
16. Is there a written procedure that instructs supervisors to move an inmate or provide an alternative accommodation if the repair of an ADA feature cannot be accomplished within 24 hours? Comments:	0	0
17. Does the ADA Coordinator track whether accessible alternatives have been provided when ADA repairs have not been made within 24 hours? (Review all cases) Number Reviewed <u>0</u> Number OK <u>0</u> 0% Comments:	0	0
Total	0	0

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

F. APPEALS

		Value	Score
1. If the Appeals Coordinator position(s) was vacant at any time since January 18, 2007, was the vacancy filled within thirty days?	0	0	0
2. If the Medical Appeals Analyst position(s) was vacant at any time since January 18, 2007, was the vacancy filled within thirty days?	0	0	0
Comments:			
3. Are CDC 1824s available to inmates in the following areas?			
a. GP housing units <u>27</u> Number OK <u>27</u> <u>100%</u> (including Mental Health)		10	10
b. Medical Housing <u>1</u> Number OK <u>1</u> <u>100%</u>		10	10
c. Libraries <u>0</u> Number OK <u>0</u> <u>0%</u>		0	0
d. Law Library <u>6</u> Number OK <u>6</u> <u>100%</u>		10	10
e. Special Housing <u>13</u> Number OK <u>13</u> <u>100%</u>		10	10
4. Are appeal boxes emptied daily and the CDC Form 1824s forwarded to the Appeals Office? For Prisons that do not have appeal boxes, are CDC Form 1824s routed through the institution mail, delivered to the mail room and forwarded to the Appeals Office daily?			
a. GP housing units <u>27</u> Number OK <u>27</u> <u>100%</u> (including Mental Health)		10	10
b. Medical housing <u>1</u> Number OK <u>1</u> <u>100%</u>		10	10
c. Special Housing <u>13</u> Number OK <u>13</u> <u>100%</u>		10	10
5. Are CDC 1824 response due dates assigned based upon the date the appeals office receives the appeal?			
Number Reviewed <u>80</u> Number OK <u>80</u> <u>100%</u>		20	20
6. Are CDC 1824s being sent to the appropriate division head for response?			
Number Reviewed <u>80</u> Number OK <u>80</u> <u>100%</u>		20	20
7. Are CDC 1824s referred to medical for verification when required?			
Number Reviewed <u>53</u> Number OK <u>53</u> <u>100%</u>		20	20
8. Are staff following the ARP process for medical verification?			
Number Reviewed <u>51</u> Number OK <u>51</u> <u>100%</u>		20	20
9. Are temporary (interim) accommodations granted when appropriate?			
Number Reviewed <u>11</u> Number OK <u>11</u> <u>100%</u>		20	20
10. Are the CDC 1824 responses complete, thorough and address all ADA issues?			
Number Reviewed <u>71</u> Number OK <u>71</u> <u>100%</u>		20	20
Comments:			

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

F. APPEALS

					Value	Score
11. Are the CDC 1824s returned to the appellant within specified time frames?						
a. 1 st Level Custody?	<u>73</u>	Number OK	<u>72</u>	<u>99%</u>	10	10
b. 2 nd Level Custody?	<u>12</u>	Number OK	<u>12</u>	<u>100%</u>	10	10
c. 1 st Level Medical?	<u>110</u>	Number OK	<u>108</u>	<u>98%</u>	10	10
d. 2 nd Level Medical?	<u>20</u>	Number OK	<u>20</u>	<u>100%</u>	10	10
12. If the appeal was rejected (not processed as ADA) was the rejection based upon the criteria in ARP IV.I.23.b; CCR 3084.3 (c)?						
Number Reviewed	<u>20</u>	Number OK	<u>20</u>	<u>100%</u>	20	20
13. If the appeal issue involved a major life activity, safety, effective communication for due process or medical, or otherwise meets the criteria outlined in CCR 3084.7a, was it processed as an emergency appeal?(Waived 1st Level and 2nd Level completed in 5 working days)						
Number Reviewed	<u>2</u>	Number OK	<u>2</u>	<u>100%</u>	20	20
Total					270	270

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

G. HOUSING

1. Are the DEC DPP housing rosters distributed to the housing units, R&R, Medical/Dental, Mental Health and Education at least weekly?

Value Score

GP Housing Units	<u>26</u>	Number OK	<u>25</u>	<u>96%</u>
Medical Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>
Medical Clinics	<u>9</u>	Number OK	<u>2</u>	<u>22%</u>
Education/Vocation Supervisor	<u>1</u>	Number OK	<u>0</u>	<u>0%</u>
Special Housing	<u>8</u>	Number OK	<u>8</u>	<u>100%</u>

5	5
5	5
5	1
5	0
5	5

2. Are all DPP inmates housed according to their housing restrictions?

a. DPW cells/bed?

GP Housing Units (including Mental Health)	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>
Special Housing	<u>4</u>	Number OK	<u>4</u>	<u>100%</u>

0	0
15	15

b. DPP with Lower Bunk Chrono?

GP Units reviewed	<u>19</u>	Number OK	<u>18</u>	<u>95%</u>
Special Housing	<u>12</u>	Number OK	<u>12</u>	<u>100%</u>

10	9
10	10

c. DPP with Lower Tier Chrono?

GP Units reviewed	<u>18</u>	Number OK	<u>18</u>	<u>100%</u>
Special Housing	<u>12</u>	Number OK	<u>12</u>	<u>100%</u>

10	10
10	10

d. Ground floor?

GP Housing Units (including Mental Health)	<u>2</u>	Number OK	<u>2</u>	<u>100%</u>
Special Housing	<u>4</u>	Number OK	<u>4</u>	<u>100%</u>

10	10
10	10

3. Are the ADA posters (with the PLO & RBG address) displayed in locations that are in plain sight to the inmates.

GP Housing Units (including Mental Health)	<u>27</u>	Number OK	<u>25</u>	<u>93%</u>
Special Housing	<u>13</u>	Number OK	<u>13</u>	<u>100%</u>
Medical Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>
Law Libraries Reviewed	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>
Libraries Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>

5	5
5	5
5	5
5	5
0	0

Total

120	110
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**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

H. EFFECTIVE COMMUNICATION

	Value	Score
1. The following questions refer to the inmate libraries:		
a. Is the law library accessible for mobility impaired inmates? Reviewed <u>0</u> Number OK <u>0</u> <u>0%</u>	0	0
b. Does the law library contain materials in alternative formats, e.g., large print ARP, audio, Braille? Reviewed <u>6</u> Number OK <u>6</u> <u>100%</u>	5	5
c. Is the recreational library accessible for mobility impaired inmates? Reviewed <u>0</u> Number OK <u>0</u> <u>0%</u>	0	0
d. Does the recreational library contain materials in alternative formats? e.g., large print ARP, audio, Braille? Reviewed <u>0</u> Number OK <u>0</u> <u>0%</u>	0	0
e. Is there a written procedure for access to library equipment? Reviewed <u>4</u> Number OK <u>4</u> <u>100%</u>	5	5
f. Are CDC Form 1824s available in the library? Reviewed <u>6</u> Number OK <u>6</u> <u>100%</u>	5	5
g. Are electronic reader machines in good working condition, e.g. Galileo? Reviewed <u>1</u> Number OK <u>1</u> <u>100%</u>	5	5
h. Does the library have a magnifier in good working condition? Reviewed <u>4</u> Number OK <u>4</u> <u>100%</u>	5	5
i. Does the library have information on tapes/CDs? Reviewed <u>0</u> Number OK <u>0</u> <u>0%</u>	0	0
2. Does the Education Department maintain a tracking system of TABE scores and distribute the TABE 4.0 or Lower List to the Division Heads weekly?	y	20 20
3. Does the Division Head distribute the TABE 4.0 or Lower List to the appropriate staff? Interviewed <u>6</u> Number OK <u>4</u> <u>67%</u>	20	13
4. Does the Education Department maintain an LD list and distribute it to all Division Heads on a weekly basis?	y	20 20
5. Does the Division Head distribute the LD list to the appropriate staff? Interviewed <u>6</u> Number OK <u>4</u> <u>67%</u>	20	13
6. Does the Education Department issue a CDC 128-B LD Chrono when an inmate is placed on the LD list?	y	20 20

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

H. EFFECTIVE COMMUNICATION

Value Score

7. Is effective communication documented for inmates with vision, hearing and speech disabilities and inmates on LD and TABE 4.0 or Lower Lists on the following due process documents: Notice of Classification Hearing (CDC 128-B-1), Classification Chronos (CDC 128-G), Rule Violation Reports (CDC 115) (Hearing disposition and final copy issuance), Investigative Employee Reports and Administrative Segregation Placement (CDC 114-D)? (ARP II.E.2 and Eff. Comm. Memo Revised, dated October 22, 2003)

a. Classification Chronos (CDC 128 G)

Reviewed 49 Number OK 21 43%

20	9
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b. Notice of Classification Hearings (CDC 128 B-1)

Reviewed 51 Number OK 10 20%

20	4
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c. Administrative Segregation Unit Placement Notices (CDC 114-D)

Reviewed 8 Number OK 0 0%

20	0
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d. Rule Violation Report (CDC 115)

Reviewed 8 Number OK 3 38%

20	8
----	---

e. Investigative Employee Report

Reviewed 1 Number OK 0 0%

20	0
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- 8 Are health care providers documenting effective communication for clinical encounters with DPH, DPV, DPS and inmates on the LD and TABE 4.0 or Lower Lists?

a. Medical Progress Notes?

Number Reviewed 80 Number OK 5 6%

10	1
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b. Mental Health Progress Notes?

Number Reviewed 28 Number OK 0 0%

10	0
----	---

c. Dental Progress Notes?

Number Reviewed 21 Number OK 0 0%

10	0
----	---

- 9 Are staff in the housing units willing to assist inmates with reading or scribing documents related to CDCR programs, services, and activities?

GP Units 26 Number OK 26 100%

10	10
----	----

Spec. Housing 13 Number OK 13 100%

10	10
----	----

- 10 Are Sign language interpreters provided to hearing and speech disabled inmates for due process events and clinical encounters when required?

a. Due Process

Reviewed 0 Number OK 0 0%

0	0
---	---

b. Clinical Encounter

b.1 Medical

Reviewed 0 Number OK 0 0%

0	0
---	---

b.2 Mental Health

Reviewed 0 Number OK 0 0%

0	0
---	---

b.3 Dental

Reviewed 0 Number OK 0 0%

0	0
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Total

275	153
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**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

I. DISABILITY VERIFICATION

					Value	Score
1. Is Section B of the CDC Form 1845 completed correctly?						
Number Reviewed	<u>47</u>	Number OK	<u>47</u>	<u>100%</u>	10	10
2. Is section C and/or D of the CDC Form 1845 completed correctly?						
Number Reviewed	<u>40</u>	Number OK	<u>12</u>	<u>30%</u>	10	3
3. Is Section F (if applicable) of the CDC Form 1845 completed correctly?						
Number Reviewed	<u>8</u>	Number OK	<u>6</u>	<u>75%</u>	10	8
4. Is there a corresponding CDC 128C or CDC 7410 listing physical limitations or assistance with daily living needs?						
Unit Health Record	<u>2</u>	Number OK	<u>2</u>	<u>100%</u>	10	10
Central File	<u>25</u>	Number OK	<u>25</u>	<u>100%</u>	10	10
5. Is the CDC 128B EC Chrono attached to the CDC 1845 for inmates with hearing and speech disabilities in the C File and UHR?						
Unit Health Record	<u>3</u>	Number OK	<u>0</u>	<u>0%</u>	10	0
Central File	<u>16</u>	Number OK	<u>11</u>	<u>69%</u>	10	7
6. Is there a written procedure for performing maintenance, repairs and replacement of health care appliances (excluding wheelchairs)?					n	10 0

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

I. DISABILITY VERIFICATION

						Value	Score			
7	Are staff following the written procedure for performing maintenance and repairs of health care appliances (excluding wheelchairs)?									
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0		
0	0									
8	Is there a written procedure for performing maintenance, repairs and replacement of wheelchairs?					<table><tr><td>y</td></tr></table>	y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
y										
10	10									
9	Are staff following the written procedure for performing maintenance and repairs of wheelchairs?									
	Medical	<u>5</u>	Number OK	<u>5</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
10	Are hearing aid batteries and other health care supplies, e.g., catheters, diapers, (not wheelchairs) etc., readily available for inmates as prescribed by Health Care Services?									
	GP Housing	<u>27</u>	Number OK	<u>27</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
	Medical Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
	Special Housing	<u>13</u>	Number OK	<u>13</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
	Medical Clinics	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
11	For specialized housing units, do medical staff monitor the health condition of an inmate whose appliance is taken away?									
	Number Reviewed	<u>13</u>	Number OK	<u>13</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
12	Are special order health care appliances delivered to the inmate within 10 days of arrival to the institution?									
	Number Reviewed	<u>2</u>	Number OK	<u>2</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
13	Are prescribed health care appliances approved by the Correctional Captain and Health Care Managers or designee for approval?					<table><tr><td>y</td></tr></table>	y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
y										
10	10									
						Total	<table><tr><td>170</td><td>138</td></tr></table>	170	138	
170	138									

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

J. DEC SYSTEM

		Value	Score			
1. Is the C&PR and/or CCIII/RC using the DEC to track DPP inmates based on the CDC 1845? Comments:	<table><tr><td>Y</td></tr></table>	Y	<table><tr><td>20</td></tr></table>	20	<table><tr><td>20</td></tr></table>	20
Y						
20						
20						
2. Are CDC 1845s received by the C&PR and/or CCIII/RC within 72 hours of verification or the inmate's arrival from another institution? Comments:	<table><tr><td>Y</td></tr></table>	Y	<table><tr><td>20</td></tr></table>	20	<table><tr><td>20</td></tr></table>	20
Y						
20						
20						
3. Are CDC 1845s entered into the DEC within 24 hours of receipt? Comments:	<table><tr><td>Y</td></tr></table>	Y	<table><tr><td>20</td></tr></table>	20	<table><tr><td>20</td></tr></table>	20
Y						
20						
20						
Total		<table><tr><td>60</td></tr></table>	60	<table><tr><td>60</td></tr></table>	60	
60						
60						

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

K. ACCESSIBILITY OF PROGRAMS

	Value	Score
1. The following questions apply to Transportation and Receiving and Release operations.		
a. Are inmates transported with their health care appliances?		
Number Reviewed <u>4</u> Number OK <u>4</u> <u>100%</u>	10	10
b. Are inmates allowed to retain their health care appliances?		
Number Reviewed <u>4</u> Number OK <u>4</u> <u>100%</u>	10	10
c. Are health care appliances listed on the inmate's property card?		
Number Reviewed <u>4</u> Number OK <u>0</u> <u>0%</u>	10	0
d. Are inmates initially housed according to their housing restrictions?		
Number Reviewed <u>4</u> Number OK <u>4</u> <u>100%</u>	10	10
e. Are accessible vehicles used for inmates who require assistance?		
Number Reviewed <u>4</u> Number OK <u>4</u> <u>100%</u>	10	10
2. Is the following information included in orientation for all inmates?		
a. The purpose of the Disability Placement Program.	y	5 5
b. Availability of the CCR, ARP and similar printed materials in accessible formats.	y	5 5
c. Accommodations available to qualified inmates, e.g. sign language interpreters for due process events and clinical contacts	y	5 5
d. Availability of TDDs and volume controlled phones.	y	5 5
e. Access to inmate/staff scribes or readers and availability of specialized library equipment.	y	5 5
f. The CDC 1824 process.	y	5 5
g. The process of personal notification by staff of visits, ducats, etc.	y	5 5
h. Access to closed captioned TV in the housing unit.	y	5 5
i. Verified case-by-case medical exceptions to institutional count procedures.	y	5 5
j. Information regarding emergency alarms, evacuations, written announcements and notices.	y	5 5
3. Is orientation communicated effectively (alternative formats)?		
Number Reviewed <u>15</u> Number OK <u>15</u> <u>100%</u>	5	5
4. Is the institution utilizing a separate TDD sign in sheet?		
Number Reviewed <u>21</u> Number OK <u>21</u> <u>100%</u>	5	5
5. Is access to the TDD phone the same as the regular telephone?		
Number Reviewed <u>16</u> Number OK <u>16</u> <u>100%</u>	5	5
6. Indicate which program features are available to inmates in general population?		
a. TV - closed captioning (VHS institutions)		
Number Reviewed <u>0</u> Number OK <u>0</u> <u>0%</u>	0	0
b. Inmate Assistants (designated mobility & V,H,S institutions)		
Number Reviewed <u>0</u> Number OK <u>0</u> <u>0%</u>	0	0
c. Volume Control Telephones		
Number Reviewed <u>16</u> Number OK <u>16</u> <u>100%</u>	5	5
d. Showers - bench and shower hose.		
Number Reviewed <u>0</u> Number OK <u>0</u> <u>0%</u>	0	0
e. Shower chairs		
Number Reviewed <u>27</u> Number OK <u>27</u> <u>100%</u>	5	5

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

K. ACCESSIBILITY OF PROGRAMS

				Value	Score
7.	Do the POST Orders include the following DPP information?				
	a. Announcing count, movement, etc. for DPH and DPV inmates				
	Number Reviewed	23	Number OK	23	100%
				5	5
	b. Emergency/Evacuation Procedures				
	Number Reviewed	23	Number OK	23	100%
				5	5
8	Are ID Photos of DPx inmates kept with current housing unit rosters?				
	Number Reviewed	6	Number OK	6	100%
				10	10
9.	Is the institution complying with the Identification Vest Policy?				
	Number Reviewed	41	Number OK	37	90%
				10	9
10.	Do inmates that are temporarily housed in a health care setting due to lack of accessible housing or require assistance with daily living (ADL) have reasonable access to equivalent programs and activities consistent with their custody and privilege groups?				
	Number Reviewed	1	Number OK	1	100%
				10	10
11.	Are inmate body searches conducted pursuant to policy and include special accommodations for DPW/DPM/DPO inmates and inmates with prosthetic limbs?				
	Number Reviewed	41	Number OK	40	98%
				5	5
	Comments:				
12.	The following questions refer to health care appliances in ASU/SHU/PSU/PHU/MOHU and Condemned:				
	a. Are appliances permitted for in-cell use?				
	Number Reviewed	13	Number OK	13	100%
				10	10
	b. If permitted and removal becomes necessary:				
	i. Is the removal due to an immediate direct threat, or collected as evidence for a crime or investigation?				
	Number Reviewed	13	Number OK	13	100%
				10	10
	ii. Does custody staff contact medical staff for an evaluation for alternate in-cell accommodation?				
	Number Reviewed	6	Number OK	6	100%
				10	10
	iii. Is the warden or designee contacted for approval?				
	Number Reviewed	6	Number OK	6	100%
				10	10
	iv. Does the ICC confirm the removal?				
	Number Reviewed	6	Number OK	6	100%
				10	10
	v. Is the HCA or interim accommodation available to the inmate for in cell and out of cell use as prescribed?				
	Number Reviewed	6	Number OK	6	100%
				10	10
	c. Is the HCA poster in staff view?				
	Number Reviewed	13	Number OK	13	100%
				10	10
	d. When a HCA is retained for out of cell use, is it stored in an area accessible for staff to retrieve for the inmate's use?				
	Number Reviewed	13	Number OK	13	100%
				10	10

**DISABILITY PLACEMENT PROGRAM
SELF MONITORING EVALUATION
CALIFORNIA CORRECTIONAL INSTITUTION
June 8 ~ 12, 2009**

K. ACCESSIBILITY OF PROGRAMS

					Value	Score
13. Indicate which program features are accessible to disabled inmates within the ASU:						
a. Law Library						
Number Reviewed	12	Number OK	12	100%	5	5
b. Exercise program						
Number Reviewed	12	Number OK	12	100%	5	5
c. Fixed shower bench and shower hose (Designated Institutions)						
Number Reviewed	0	Number OK	0	0%	0	0
d. Access to Shower Chairs (Non Designated Institutions)						
Number Reviewed	13	Number OK	13	100%	5	5
14. Is visiting, including areas for attorneys visits, accessible and contain volume controlled phones or writing materials for inmates and the public?						
a. Accessible						
Number Reviewed	0	Number OK	0	0%	0	0
b. Telephone Volume Control/Writing Materials						
Number Reviewed	4	Number OK	4	100%	5	5
15. Is at least one family visiting unit accessible?						
Number Reviewed	0	Number OK	0	0%	0	0
16. Is the BPH conference room wheelchair accessible, and is a TDD/TTY device available for inmates and the public?						
a. Accessible						
Number Reviewed	0	Number OK	0	0%	0	0
b. TDD/TTY Device Available						
Number Reviewed	3	Number OK	3	100%	5	5
17. Is there a wheelchair assigned to the BPH Conference Room?						
Number Reviewed	0	Number OK	0	0%	0	0
Total					275	264

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

INMATE
APPEALS

CALIFORNIA CORRECTIONAL INSTITUTION

JUNE 1 THROUGH JUNE 12, 2009



CONDUCTED BY

INMATE APPEALS BRANCH

INMATE APPEALS AUDIT EXECUTIVE SUMMARY

California Correctional Institution
June 8 – June 12, 2009

This Executive Summary provides the area and a brief description of the findings of the Inmate Appeals Audit. Complete details will be provided in the Final Report. The findings have been discussed with the Appeals Office staff.

The findings in this Inmate Appeals Audit resulted in an overall score of 90. All areas and their results are listed below.

It should be noted that staff interviewed were knowledgeable and familiar with the established departmental and institutional policies and procedures relative to the appeals process. Melinda Boutte Staff Services Analyst, Kim Sampson Correctional Counselor II Specialist, Julie Zanchi Associate Government Program Analyst. The current staff was able to locate documents needed for the Review and provide information in a timely manner. It was indeed a pleasure to work with the current Appeals Office staff.

OVERALL RATING	90 %
A. ACCESS TO INMATE APPEALS	97 %
B. TRACKING/FILING APPEALS	100 %
C. PREPARATION OF APPEALS	95 %
D. TIMEFRAMES	70 %
E. APPEAL RESPONSES	96 %
F. SPECIALIZED PROCESSING OF APPEALS	100 %
G. TRAINING and OFFICE STAFFING	70 %
H. CURRENT OVERDUE APPEALS	89 %

Corrective Action areas are:

A. Access to Inmate Appeals

1. All housing units and libraries had a good supply of both CDC form 602's (Spanish and English), 602 HCs and 1824s. However, Level I library had no CDC 1824s, DOM, CCR, and no PLU logbook.

Pursuant to the CCR 3084.1 (c) law libraries, general population and special housing units are to have the appropriate forms available upon request from the inmate. Also, the institution is to provide inmate access to the CCR, DOM, and any facility appeal supplement pursuant to DOM section 53060.11, 54100.3

C. Preparation of Appeals

1. The low score in this area is due to staff either not documenting the interview of the inmate or not actually interviewing the inmate. On some appeal responses from Level IV-A the inmate appeal responses states reviewed by instead of interviewed by.

Pursuant to CCR 3084.5 (f) and DOM 54100.14 inmates are to be interviewed at the first level review or at the second level if first level is waived.

2. The low score in this section is due mostly to the 602 completed dates, received stamp, or returned to inmate date either not being completed or the date on the 602 not matching the IATS.

Pursuant to DOM section 54100.9, the dates on the appeals must correspond with the dates on the IATS?

3. The lower score in this question is the result of dates missing on the First and Second Level 602s. Some of the appeals were missing the "Returned to Inmate" date, the "Assigned Date," "Staff signatures," and "Due" dates on the appeal forms.

Pursuant to DOM section 54100.3, all blanks must be filled in appropriately on the CDCR form 602 to include date, signatures.

D. Timeframes

1. The low score in this area is a result of the CDC 602's not being assigned within 5 working days. Specifically, in the area of staff complaints which are only being forwarded to the hiring authority once a week; therefore, causing a delay in the assignment of appeals to exceed five working days. In addition, the Appeals Office were lacking staff resources during 2008 and 2009, which also affected the appeals being assigned within five working days.

Pursuant to DOM section 54100.9, all appeals must be assigned at each level within five working days of receipt in the appeals office.

2. The low score in this area is the result of the CDC 602's not being completed within 10 working days.

Pursuant to CCR 3084.6(b)(1) all Informal Level appeals must be completed within 10 working days.

3. The low score in this area is the result of the CDC 602's not completed within 30 working days

Pursuant to CCR 3084.(b)(3), all Second-Level responses shall be completed within 20 working days, or 30 working days if First Level is waived pursuant to section 3084.5(c).

4. The low score in this area is due to the Second Level responses not being completed within 20 working days, or 30 working days if the First Level was waived.

Pursuant to CCR 3084.6(b)(3) all Second Level responses are to be completed within 20 working days, or 30 working days if First Level is waived pursuant to section 3084.5(c).

E. APPEAL RESPONSES

1. The low score in this area is due to staff not restating the appeal issue within the first level of review.

Pursuant to CCR 3084.5 (g) and DOM 54100.15 the institution is to prepare a written response at the first level of review stating the appeal issue.

2. The low score in this area is due to staff not stating the reasons for the specific decision being rendered. Specifically, staff will often only state the policy and/or procedure, but not state how the specific policy and/or procedure are relevant to the specific appeal issue.

Pursuant to CCR 3084.5 (g) and DOM 54100.15 the institution shall prepare a written response at the first level of review stating the reasons for the specific decision being rendered.

G. TRAINING/OFFICE STAFFING

2. Evidence was provided that custody supervisors received Inmate Appeals and Staff Relations training in 2008 through 2009. However, there is no indication CCI has ever provided Inmate Appeals training as part of the 40 hour Supervisors Orientation Training to any of their newly appointed non-custody supervisors.

H. OVERDUE APPEALS

- 1. The low score in this area is due to 11 first level appeals being 31-90 days overdue.*
- 2. The low score in this area is due to 12 second level appeals being 0-90 days overdue.*

Pursuant to CCR 3084.6 (b) first level responses shall be completed within 30 working days. Second level responses shall be completed within 20 working days, or thirty working days if first level is waived pursuant to CCR 3084.5 (a) (3).

INMATE APPEALS AUDIT

California Correctional Institution

June 8 – June 12, 2009

Reviewer: S. Wright, Facility Captain, Inmate Appeals Branch
T. Cano Correctional Counselor II, California State Prison Corcoran

SUMMARY CHART

AREA REVIEWED	COMPLIANCE RATING 2009	
	Percentage	Page No.
OVERALL RATING	90%	1
A. ACCESS TO INMATE APPEALS	97%	2 -3
B. TRACKING/FILING APPEALS	100%	4
C. PREPARATION OF APPEALS	95%	5
D. TIMEFRAMES	70%	6
E. APPEAL RESPONSES	96%	7
F. SPECIALIZED PROCESSING OF APPEALS	100%	8
G. TRAINING and OFFICE STAFFING	70%	9
H. OVERDUE APPEALS	89%	10

INMATE APPEALS AUDIT

California Correctional Institution

June 8 – June 12, 2009

The findings in this Inmate Appeals Compliance Review resulted in an overall score of 90%. All areas are listed below with applicable notations.

It should be noted that staff interviewed were knowledgeable and familiar with the established departmental and institutional policies and procedures relative to the appeals process. Melinda Boutte Staff Services Analyst, Kim Sampson Correctional Counselor II Specialist, Julie Zanchi Associate Government Program Analyst. The current staff was able to locate documents needed for the Review and provide information in a timely manner. It was indeed a pleasure to work with the current Appeals Office staff.

The specific sections and their corresponding questions and scores are identified below.

Copies of the Inmate Appeals Worksheets are available upon request.

A. ACCESS TO INMATE APPEALS:

Section Rating: 97%

- 1) Do the law libraries, general population, and special housing units have the appropriate forms available on request from the inmate? [CCR 3084.1 (c)]

36 sample # 35 # correct = 97 %

Question Rating: Score: 49

All housing units and libraries had a good supply of both CDC form 602s (Spanish and English), 602 HCs, and 1824s. However, Level I library had no CDC 1824's, DOM, CCR, 602 HCs, and no PLU logbook. Otherwise staff were very helpful in providing these forms to the Review Team.

- 2) Does the institution provide inmate access to the California Code of Regulations (CCR), Department Operations Manual (DOM), Section 54100, Inmate/Parolee Appeals, and any facility appeal supplement in each inmate law library? [DOM Section 53060.11,54100.3]

5 sample # 4 # correct = 80 %

Question Rating: 10

Score: 8

3) Does the institution provide the orientation inmates a written summary of the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]

Yes

Question Rating: 20

Score: 20

4) Does the institution provide the orientation inmates verbal staff instruction regarding the inmate's right to appeal and appeal procedures? [CCR 3002(a)(2)]

Yes

Question Rating: 20

Score: 20

5) Does the institution provide the CDC Form 602 in both English and Spanish?

Yes

Question Rating: 0

SECTION POINT TOTAL

97

INMATE APPEALS AUDIT
FINAL REPORT

B. TRACKING AND FILING APPEALS

Section Rating: 100%

- 1. Does the Inmate Appeals Office utilize the automated Inmate Appeals Tracking System (IATS) to record all appeals received at the formal levels? [DOM Section 54100.9]**

Yes

Question Rating: 15

Score: 15

- 2. A review of the appeals files indicate the appeal forms have been copied on both sides and supplemental documents are attached? [DOM Section 54100.3]**

100 sample # 100 # correct = 100 % Question Rating: 25 **Score: 25**

- 3. Does the institution implement an appeal decision (granted or granted in part) modification order within 90 days? [CCR 3084.5(i)]**

45 sample # 45 # correct = 100 % Question Rating: 25 **Score: 25**

The institution has (2) overdue modification orders that require follow-up from CSATF and an overdue modification order from Facility IV-B which due on April 9, 2009 and remains outstanding.

- 4. Is there a procedure and tracking system in place for noticing Administrative Staff of overdue appeals?**

[CCR 3084.6, DOM 54100.12]

Yes

Question Rating: 35

Score: 35

SECTION POINT TOTAL 100

INMATE APPEALS AUDIT
FINAL REPORT

C. PREPARATION OF APPEALS	Section Rating	95%
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- 1) **Are inmates interviewed at the first level of review or at second level if first level is waived?** [CCR 3084.5 (f) and DOM 54100.14]

103 sample # 99 # correct = 96 % Question Rating: 25 **Score: 24**

*The low score in this area is due to staff either not documenting the interview of the inmate or not actually interviewing the inmate. **On some appeal responses from Level IV-A the inmate appeal response memorandum states reviewed by instead of interviewed by.** Facility IV-A staff indicated this was corrected as of May 2009.*

- 2) **Do the dates on the appeal correspond with the dates on the IATS?**
[DOM Section 54100.9]

100 sample # 93 # correct = 93 % Question Rating: 25 **Score: 23**

The low score in this section is due mostly to the 602 completed dates, received stamp, or returned to inmate date either not being completed, or the date on the 602 not matching the IATS.

- 3) **A review of the appeals indicate they are complete, all dates included and signatures included (all blanks filled in appropriately on the CDC Form 602)?** [DOM Section 54100.3]

100 sample # 90 # correct = 90 % Question Rating: 25 **Score: 23**

The low score in this question is the result of dates missing on the First and Second Level 602s. Some of the appeals were missing the "Returned to Inmate" date, the "Assigned Date," "Staff signatures," and "Due" dates on the appeal forms.

- 4) **Is there evidence that appeal decisions are reviewed by the institution head or his/her designee?** ?[CCR 3084.5(e)(1)]

70 sample # 70 # correct = 100 % Question Rating: 25 **Score: 25**

SECTION POINT TOTAL 95

INMATE APPEALS AUDIT
FINAL REPORT

D. TIMEFRAMES

Section Rating: 70%

- 1) Are appeals being assigned at each level within five working days of receipt in the Appeals Office? [DOM 54100.9]**

100 sample # 48 # correct = 48 %

Question Rating: 25 **Score: 12**

The low score in this area is a result of the CDC 602's not being assigned within 5 working days. Specifically, in the area of Staff Complaints which are only being forwarded to the hiring authority once a week, therefore causing a delay in the assignment of appeals to exceed 5 working days. In addition, the Appeals office was lacking staff resources during 2008 and 2009, which also affected the appeals being assigned within 5 working days.

- 2) Are informal appeals completed within ten working days?
[CCR 3084.6 (b)(1)]**

12 sample # 9 # correct = 75 %

Question Rating: 25 **Score: 19**

The low score in this area is the result of the CDC 602's not being completed within 10 working days.

- 3) Are first-level responses completed within 30 working days?
[CCR 3084.6 (b)(2)]**

43 sample # 35 # correct = 81 %

Question Rating: 25 **Score: 20**

The low score in this area is the result of the CDC 602's not completed within 30 working days.

- 4) Are second-level responses completed within 20 working days, or 30 working days if first level is waived pursuant to section 3084.5(c)? [CCR 3084.6 (b)(3)]**

70 sample # 53 # correct = 76 %

Question Rating: 25 **Score: 19**

The low score in this area is due to the Second Level responses not being completed within 20 working days, or 30 working days if the First Level was waived.

SECTION POINT TOTAL 70

INMATE APPEALS AUDIT
FINAL REPORT

E. APPEAL RESPONSES

Section Rating: 96%

- 1) Does the institution prepare a written response at the first level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

43 sample # 37 # correct = 86 %

Question Rating: 25 **Score: 22**

The low score in this area is due to staff not restating the appeal issue within the first level of review.

- 2) Does the institution prepare a written response at the first level of review stating the reasons for the specific decision being rendered?** [CCR 3084.5 (g) and DOM 54100.15]

43 sample # 42 # correct = 98 %

Question Rating: 25 **Score: 24**

The low score in this area is due to staff not stating the reasons for the specific decision being rendered. Specifically, staff will often only state the policy and/or procedure, but not state how the specific policy and/or procedure is relevant to the specific appeal issue.

- 3) Does the institution prepare a written response at the second level of review stating the appeal issue?**

[CCR 3084.5 (g) and DOM 54100.15]

70 sample # 70 # correct = 100 %

Question Rating: 25 **Score: 25**

- 4) Does the institution prepare a written response at the second level of review stating the reasons for the specific decision being rendered?**

[CCR 3084.5 (g) and DOM 54100.15]

70 sample # 70 # correct = 100 % Question Rating: 25 **Score: 25**

SECTION POINT TOTAL 96

INMATE APPEALS AUDIT
FINAL REPORT

F. SPECIALIZED PROCESSING OF APPEALS	Section Rating: 100%
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STAFF COMPLAINTS
CDC FORM 1824s
APPEAL RESTRICTION

STAFF COMPLAINTS

- 1) When a staff complaint is filed against a Peace Officer, is notice given to that Peace Officer regarding the filing of the complaint? (Unit 6 Memorandum of Understanding, Section 9.09(D), Personnel Investigations.)

25 sample # 25 # correct 100 %

Question Rating: 20 Score: 20

- 2) Is the institution keeping Staff Complaints for a period of five years?
[DOM 54100.25.5 and Penal Code 832.5(b)]

Yes

Question Rating: 20 Score: 20

- 3) Are all allegations of staff misconduct presented to the warden or designee for determination of the type of inquiry needed? [AB 05/03]

Yes

Question Rating: 20 Score: 20

- 4) Are all allegations of staff misconduct presented to the warden or designee at least weekly? [AB 98/10]

Yes

Question Rating: 20 Score: 20

APPEAL RESTRICTION

- 5) Is there evidence of authorization from Inmate Appeals Branch (IAB) to support each inmate placed on appeal restriction as listed on the IATS? [CCR 3084.4(3), (4)]

Yes Question Rating: 20 Score: 20

SECTION POINT TOTAL 100

INMATE APPEALS AUDIT
FINAL REPORT

G. TRAINING/OFFICE STAFFING

Section Rating: 70%

- 1. Is there evidence that the Appeals Coordinator works with the In-Service Training (IST) officer to ensure that training on the appeals procedure is carried out? [DOM 54100.3]**

Yes

Question Rating: 20 **Score: 20**

- 2. Is there evidence that the Inmate Appeals Process training is provided to new supervisors during Supervisor's Orientation? [DOM 32010.10.2]**

No

Question Rating: 30 **Score: 0**

Evidence was provided that custody supervisors received Inmate Appeals and Staff Relations training in 2008 through 2009. However, there is no indication CCI has ever provided Inmate Appeals training as part of the 40 hour Supervisor's Orientation Training to any of their newly appointed non-custody supervisors.

- 3. Is there an updated Inmate Appeals lesson plan, which identifies recent changes in Department policy? [DOM 32010.8.4, 54100.3]**

Yes

Question Rating: 30 **Score: 30**

- 4. If an inmate is assigned as a clerk in the unit, is he/she prevented from having access to the CDC Forms 602 at any level? [CCR Sections 3370(a) and 3041(e)(1)]**

Yes

Question Rating: 20 **Score: 20**

There is no inmate assigned in the Appeals Office

SECTION POINT TOTAL 70

INMATE APPEALS AUDIT FINAL REPORT

H. OVERDUE APPEALS

Section Total: 89%

- 1) What is the number of overdue First Level appeals and by how many days late?**
[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	0
31-90 days	11	.50	5.50
91-180	0	.75	0
181+	0	1	0

Question Rating: 50
Points deducted: 5.50
Score: 44.50

- 2) What is the number of overdue Second Level appeals and by how many days late?**
[CCR 3084.6, DOM 54100.12]

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	1	.25	.25
31-90 days	11	.50	5.50
91-180	0	.75	0
181+	0	1	0

Question Rating: 50
Points deducted: 5.75
Score: 44.25

APPEALS OVERDUE FROM OTHER INSTITUTIONS (NOT COUNTED):

# of Days late	Number of Appeals	Pts	Point Deduction (Per appeal)
0-30 days	0	.25	
31-90 days	0	.50	
91-180	0	.75	
181+	0	1	

of Appeals: 0 Points Deducted: 0 **Score: N/A**

SECTION POINT TOTAL 89

INMATE APPEALS AUDIT FINAL REPORT

ADDITIONAL AREAS OF REVIEW: This portion of the audit tool has been added in September 2006. These areas of the institution will be reviewed for information gathering; however, scores will not be obtained.

1. Law Library access for SHU and ASU inmates:

- a)** What is the process for allowing SHU and ASU inmates access to the law library?
[CCR 3122, 3160, 3164, 3343]

Inmates are required to submit a request for legal law library services. Inmates then provide verification of legal deadline to the legal officer. The Legal Officer will verify with the court tracking system as to the validity of the court deadline, and ducaat the inmate. The institution also provides a paging system.

- b)** How often do these inmates have access to the law library?

The SHU/ASU library is open Tuesdays, except for emergencies or inclement weather, where an alternate day is arranged or the paging system is utilized.

- c)** How does access to the law library differ between General Library User (GLU) and Priority Library User (PLU) inmates?

GLU inmates have access once a month and PLU inmates has access once a week with verification.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S
OFFICE OF AUDITS AND COMPLIANCE

PROGRAM COMPLIANCE REVIEW

REPORT OF FINDINGS

ADMINISTRATIVE SEGREGATION
BED UTILIZATION REVIEW

CALIFORNIA CORRECTIONAL INSTITUTION

JUNE 1 THROUGH JUNE 12, 2009



CONDUCTED BY

CLASSIFICATION SERVICES

California Correctional Institution

June 8, 2009 to June 12, 2009.

ADMINISTRATIVE SEGREGATION BED UTILIZATION REVIEW

The California Correctional Institution (CCI) Administrative Segregation Unit (ASU) Bed Utilization Review was conducted during the week of June 8 thru the 12, 2009 by L. M. Puig, Classification Staff Representative, Classification Services Unit, Debra Leiber, Facility Captain, Sacramento State Prison-Sacramento, Jeffrey Gaskin, Correctional Counselor II, Sacramento State Prison-Sacramento, Jerry Logan, Classification Staff Representative, Classification Services Unit and Rebecca Cox, Correctional Counselor II, Pelican Bay State Prison. The intent of this review is to provide an evaluation of bed utilization in the ASU. This assessment is intended to be used as a management tool by the institution to assist in identifying areas that could reduce time spent in ASU and overcrowding in ASU.

Attached is a breakdown of types of cases by CDCR numbers that were reviewed by the team.

SAMPLE IDENTIFICATION

A total of 55 cases were reviewed. Of these cases:

23 were placed in Administrative Segregation based on a pending Disciplinary charge.

17 were placed in Administrative Segregation based on a pending investigation of Safety concerns/needs.

15 were placed in Administrative Segregation based on a pending investigation of Prison Gang Status or update of previous validation.

Does the institution use a comprehensive ASU tracking method that records the reason for ASU placement, track time periods for specific processes and total amount of time in ASU? No

Comment: Although there is not a requirement that a system other than the Distributed Data Processing System (DDPS) be maintained, the DDPS capabilities are limited. A comprehensive ASU tracking system can identify a multitude of data fields, which can be customized by the needs of each specific institution. The tracking system can be very basic but still provide meaningful information that can significantly reduce workload. The system should be maintained in a format that can be sorted by specific areas to enable staff to easily identify possible problem areas at a quick glance.

GENERAL ASU CASE PROCESSING TIMES

Period from Initial Placement in ASU to CSR Review

California Code of Regulations (CCR) 3335(e) requires that the Institution Classification Committee refer the case for Classification Staff Representative (CSR) review and approval when any case is retained in ASU for more than 30 days. When the initial ICC review determines that a case is not expected to be resolved within 30 days, referring the case to the CSR at the time of the initial hearing expedites this process and assures compliance with the regulation.

California Code of Regulations 3335(c) requires that inmates placed in ASU be seen by ICC within 10 days of placement.

Time from the date of placement in Administrative Segregation to the initial ICC referral for CSR Review ranged from 5 days to 99 days. Average time was 12 days. Of 55 cases reviewed, 47 cases were reviewed within the time frame, reflecting an 85% rate compliance.

It is the expectation that cases referred for ASU retention be to the CSR for review within 30 days of the Classification committee referral.

Time from the initial ICC referral for CSR Review to the actual CSR review ranged from 7 days to 76 days. The average time was 25 days. Of the 55 cases reviewed 41 cases were reviewed within the time frame reflecting 75% rate compliance.

When an ASU case is reviewed by a Classification Staff Representative (CSR), the CSR will indicate a time period in which the case must be presented again to a CSR for further review.

Of the cases reviewed, there are 21 cases currently retained in ASU beyond the CSR approved retention date. **(The expectation is there should be 0 cases in this category)**

There is 1 case that has been in ASU over 30 days that do not have ASU extension approvals at all. **(The expectation is there should be 0 cases in this category)**

DISCIPLINARY CASES

Hearing Timelines

Once a Rules Violation Report (RVR) has been issued, simply determining the time between the issuance and the subsequent hearing does not provide an accurate measurement of the institution's efficiency in processing the case. This is due to the fact that the inmate may choose to postpone the hearing until after any District Attorney review/prosecution has occurred. Due to this factor, RVR processing must be categorized and examined separately.

RVRs heard without postponement

11 cases were examined.

Time from the date of the issuance of the RVR to the date the RVR was heard ranged from 16 days to 80 days.

RVRs heard with postponement pending DA action

0 cases were examined.

Post-Hearing Processing Timelines

Following the completion of the hearing by the disciplinary hearing officer or committee, there are no due process timeframes to interfere with rapid completion of the remainder of the disciplinary process. The time is measured from the hearing date through the ICC review. There are several reviews that must occur during this period. Each review is measured.

0 RVR's were dismissed and 10 RVR's are still pending.

Hearing to Facility Captain Review:

Time from the date of the RVR hearing to the date the RVR was audited by the Facility Captain ranged from 1 day to 47 days. **(The Department has no regulatory time constraints; however, the expectation is this time will be within 5 working days.)**

Facility Captain to Chief Disciplinary Officer Review:

Time from the date the RVR was audited by the Facility Captain to the date the RVR was audited by the Chief Disciplinary Officer ranged 1 day to 11 days. **(The Department has no regulatory time constraints; however, the expectation is this time will be within 3 working days.)**

Chief Disciplinary Officer to ICC review:

Time from date the CDO audited the RVR to the case being reviewed by the ICC for the RVR ranged from 3 days to 60 days. **(The expectation is the inmate will appear before ICC within 14 days. This will allow staff a two-week ICC rotation period.)**

Parole Violator Cases referred to the Board of Prison Hearings (BPH) for review:

No cases were referred to the BPH

Incident Report Processing

Once an incident has occurred, the Incident Report must be prepared and completed. This timeline measures the process within the institution as it completes the report, forwards it to its Investigative Services Unit (ISU) and the subsequent response time from the office of the District Attorney (DA) or the ISU screen-out based on local agreement with the DA.

Incident Date to ISU Receipt of Incident Report:

Date from incident occurrence to the date ISU received the Incident Report ranged from 1 day to 84 days. **(The expectation is the complete package will be presented to ISU within 7 calendar days.)**

ISU Receipt of Incident Report to Referral to DA/ISU Screen out:

Date from ISU receipt of Incident Report to referral to DA or ISU screen out ranged from 1 day to 51 days. **(The expectation is the time should not exceed 5 working days.)** It was reported that ISU/CSO staff were not receiving a completed CDC-837 Incident Reports from the Unit. Example: A RVR is issued on 3/3/09 for Battery on Staff. ISU/CSO received an Incomplete CDC-837 on 3/16/09. As of 6/10/09 ISU/CSO Staff has yet to receive a completed CDC-837.

DA Referral to Resolution:

Date from DA referral to either rejection or acceptance of the case ranged from 2 days to 53 days. **(This is one area that the institution has no definitive control over, however, it is suggested that the institution work closely with the DA's office to track the decision making process to resolution of either acceptance of the case for prosecution or rejection of the case for prosecution).**

SAFETY CONCERNS

When an inmate is placed into ASU based on safety concerns, which must be investigated, there are no due process time constraints that delay the resolution and completion of the investigation. The amount of time taken to complete this type of investigation varies and generally reflects the amount of resources utilized to conduct the investigation.

There were 17 cases reviewed that were placed in Administrative Segregation based on the need for investigation of safety concerns.

Investigation initiation to Completion:

Time from the date of referral to staff for investigation to the date the investigation was concluded ranged from 2 days to 28 days. **(The expectation is this time should not exceed 30 calendar days)**

Investigation Completion to ICC Review:

Time from conclusion of the investigation to ICC review of investigation results ranged from 1 day to 45 days. **(The expectation is that the inmate will appear before ICC within 14 calendar days. This will allow staff a 2-week rotation period)**

GANG INVESTIGATION/VALIDATION/DEBRIEFING

When an inmate is placed into ASU based on the need for investigation of gang activity, there are no due process time constraints, which delay the resolution and completion of the investigation. This timeline measures the amount of time taken to complete this type of investigation, the review by the Office of Correctional Safety (OCS) and the time to review and conclude the issue by ICC and CSR.

There were 15 cases reviewed that were placed in Administrative Segregation based on Gang Investigation/Validation/Debriefing.

ASU Placement to Referral to IGI for Investigation:

Days from ASU placement to IGI investigation assignment being received by IGI ranged from 1 day to 114 days.

Initiation of IGI investigation to Conclusion of Investigation:

Days from IGI investigation assignment to receipt of completed investigation ranged from 1 day to 163 days.

NUMBER OF INMATES IN ASU ENDORSED & AWAITING TRANSFER:

Documentation presented by Records staff indicates that there are 66 cases that are currently endorsed and awaiting transfer that are housed in ASU. These cases have been endorsed for transfer for 1 day to 278 days.

GENERAL OBSERVATIONS:

There were several cases that were not returned to a CSR by the requested due date and in some cases, ICC had not reviewed the case until the ASU extension had expired.

There is one case that was returned to CCI-RC, from CEN, that was placed into ASU on 4/8/09 and the inmate was not issued an updated CDC-114-D or has been reviewed by ICC since his return.

In conclusion, the Audit Team would like to extend their appreciation to the Records Staff of each Facility for their assistance in having the Central Files available upon their arrival.

In addition, the team of the Institution Services Unit (ISU), the Institution Gang Investigation (IGI) and the Court Services Correctional Officer Stanley for their assistance in providing clarification information relative to the case that were pending Gang Validation and referrals to the District Attorneys' Office/Court Appearances.

DISCIPLINARY

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screnout or Referral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placement	Comments	TODAY'S DATE
F97990	9	19	9/5/09	0	2/21/09	Possession of a Weapon	Yes	16	7	1	35	N/A	N/A	N/A	1	9	38	Rejected	140	Inmate is serving a Determinate SHU Term, with a MERD of 9/5/09. It took 36 days from the date CDO reviewed the case to the ICC review.	6/9/2009
F35040	8	34	7/3/09	0	2/21/09	Possession of a Weapon	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	Unknown	Uknown	Unknown	Unknown	103	Pending ISU Investigation.	6/9/2009
E99148	7	18	6/17/09	0	4/3/08	Possession of a Weapon	No	34	1	11	3	N/A	N/A	N/A	Unknown	Unknown	Unknown	Unknown	66	CAL case. Status of possible DA unknown	6/9/2009
F34527	9	40	6/10/09	0	3/3/09	Battery on Staff	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	13	Pending	Pending	Unknown	98	On 3/16/09, ISU received an Incomplete CDC-837. Pending Unit completion of the CDC-837.	6/9/2009
P13109	9	34	6/17/09	0	3/16/09	Obstruct Peace Officer	No	Pending	Pending	Pending	Pending	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90	CDC 128G dated 5/14/09, ICC to review by 6/17/09	6/9/2009
T83890	9	31	6/10/09	0	3/3/09	Battery on Staff	No	Pending	Pending	Pending	Pending	N/A	N/A	N/A	Pending	Pending	Pending	Pending	9	On 3/16/09, ISU received an Incomplete CDC-837. Pending Unit completion of the CDC-837.	6/9/2009
F64448	9	37	5/27/09	13	2/15/09	Battery on Staff	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	32	Pending	7	Rejected	101	Pending CSR action of 5/14/09	6/9/2009
K32357	36	Pending	Pending	Pending	4/8/09	Battery on Staff	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	53	1	Pending	Pending	62	Pending CSR action of 5/14/09	6/9/2009
T05813	7	20	5/27/09	12	1/5/08	Batt on l/m w/wpn	No	42	4	5	30	N/A	N/A	N/A	Unknown	Uknown	Unknown	Unknown	309	RVR-Reissue/Rehear	6/9/2009
J64177	12	29	5/26/09	14	2/11/09	Battery on Staff	No	37	1	1	60	N/A	N/A	N/A	1	8	Pending	Pending	116	Pending DA response.	
G29654	6	29	5/26/09	14	2/19/09	Fighting	N/A	32	16	2	41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	111	Safety concerns noted.	6/9/2009
F62844	6	29	5/26/09	14	2/19/09	Fighting	N/A	32	16	2	41	N/A	N/A	N/A	N/A	N/A	N/A	N/A	111	Case not returned to a CSR by the due date.	6/9/2009
G15168	8	22	4/7/09	34	12/31/08	Battery on Staff	No	37	26	2	41	N/A	N/A	N/A	Unknown	Unknown	Unknown	Unknown	160	ICC reviewed the case on 4/15/09 and is pending CSR review.	6/10/2009
G44856	8	16	6/1/09	8	2/25/09	Batt on l/m w/SBI	No	30	1	4	15	N/A	N/A	N/A	84	1	2	Pending	105	Case endorsed to CCI-SHU. Pending DA response is noted.	6/10/2009
G34503	5	21	7/17/09	0	12/4/08	Battery on an Inmate w/SBI	No	16	3	1	8	N/A	N/A	N/A	54	51	2	Rejected	188	CCI-SHU endorsed.	6/10/2009

DISCIPLINARY

CDC #	Days From 114D to Initial CSR Referral	Days From Initial ICC Referral To CSR Review	Expiration Date Of Current CSR ASU Extension	If ASU Extension Has Expired, By how Many Days?	Date of RVR	Charge	Postponed Pending DA	Days From RVR to Hearing	Days from Hearing to Captains Review	Days from Captain's Review to CDO Review	Days from CDO Review to ICC Review	Days from RVR to BPT Desk	Days from BPT Desk To BPT for Offer	Days to BPT Offer or Hearing	Days from Incident to ISU Receiving 837	ISU Receipt to DA Screenshot or Referral	Days from referral to DA Accept/ Reject/ Pending	Accepted/ Rejected	Total Days since Initial ASU Placement	Comments	TODAY'S DATE
K26308	5	16	6/1/09	8	2/26/09	Battery on Staff	No	24	47	4	15	N/A	N/A	N/A	Unknown	Unknown	Pending	Pending	104	ISU received an incomplete CDC-837. Pending completed CDC-837.	6/10/2009
T49144	10	21	6/15/09	0	3/7/09	Battery on Staff	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	Unknown	Unknown	Pending	Pending	91	ISU received an incomplete CDC-837. Pending completed CDC-837.	6/10/2009
G38506	10	21	6/8/09	2	2/28/09	Batt on Inmate	Yes/recinded 5/6/09	80	1	11	12	N/A	N/A	N/A	39	1	Pending	Pending	102	Pending CDC 128G dated 6/2/09	6/10/2009
F27963	7	35	6/15/09	0	10/26/08	Indecent Exposure	No	30	2	5	41	N/A	N/A	N/A	57	1	53	Rejected	223	Subsequent RVRThreat to Non-I/M. 5/13/09 SHU Term audited.	6/10/2009
G28241	6	29	7/27/09	0	11/19/08	Battery on staff	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	34	Pending	Pending	Pending	196	ISU received an incomplete CDC-837. Pending completed CDC-837.	6/10/2009
G44943	10	14	6/15/09	0	3/7/09	Battery on I/M w/SBI	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	19	1	Pending	Pending	93	Case is pending subsequent ICC review.	6/10/2009
V21414	7	21	6/6/09	4	1/25/09	Battery on Staff	Yes	36	2	4	49	N/A	N/A	N/A	83	1	4	Rejected	180	Pending Adjudication of RVR	6/10/2009
G47918	8	21	7/1/09	0	3/29/09	Att. Murder	Yes	Pending	Pending	Pending	Pending	N/A	N/A	N/A	43	1	Pending	Pending	78	Pending DA response.	6/10/2009

SAFETY

CDC #	DAYS FROM 114D to INITIAL CSR REFERRAL	DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW	Expiration date of current CSR ASU Extension	How many days since ASU extension expired	Date of Referral to Staff for Investigation	Days to Completion of Investigation	Conclusion of Investigation to ICC Review	ICC referral to CSR After conclusion of Investigation	Days in ASU to date	Comments	Today's Date
T87540	5	28	6/4/09	5	1/30/08	28	1	1	187	Pending CSR review.	6/9/2009
V77085	5	20	6/4/09	5	2/19/09	9	19	1	115	Pending CSR review.	6/9/2009
P81337	1	43	7/1/09	0	Pending	Pendnig	Pending	Pending	139	Pending ISU Investgation.	6/9/2009
H18724	7	33	6/17/09	0	9/8/08	50	23	1	270	Pending DRB Referral.	6/9/2009
F37044	8	18	3/16/09	83	1/7/09	20	38	1	151	3/5/09 referral to CSR, not presented.	6/9/2009
E55212	99	26	6/11/09	0	Pending	Pendnig	Pending	Pending	154	Pending ISU Investgation.	6/9/2009
T13068	7	20	5/27/09	12	2/28/08	Pendnig	Pending	Pending	137	Reason changed on 2/28/09. DRB	6/9/2009
J74364	7	11	5/14/09	27	5/1/08	Pendnig	Pending	Pending	406	Reason changed Pending DRB	6/9/2009
H49186	6	19	5/28/09	12	1/30/08	5	28	33	565	Reason changed. Pending DRB	6/9/2009
H39339	11	16	7/10/09	0	12/19/08	7	53	0	180	Endorsed to LAC-IV SNY, pending transfer.	6/9/2009
P68860	9	26	9/15/09	0	5/27/08	19	45	45	407	Reason changed. Pending DRB	6/9/2009
E32950	9	23	8/20/09	0	12/15/08	20	45	2	179	Endorsed to SVSP-IV on 4/21/09.	6/9/2009
G11788	7	24	4/6/09	65	Unknown	2	10	17	132	3/36/09 referral to CSR, not presented as of 6/9/09.	6/9/2009
F68126	7	24	4/29/09	41	Unknown	Pending	Pending	Pending	132	No CSR approved ext	6/9/2009
F54533	17	36	6/19/09	0	Unknown	Pending	Pending	Pending	118	Pending CSR review.	6/9/2009
G28303	7	76	9/4/09	0	9/9/08	13	70	1	270	Endorsed MCSP-SNY pending tx	6/10/2009
G47950	8	14	7/1/09	0	3/25/09	Pending	Pending	Pending	76	Pending ISU Investgation.	6/10/2009

GANG

CDC #	DAYS FROM 114D to INITIAL CSR REFERRAL	DAYS FROM INITIAL ICC REFERRAL TO CSR REVIEW	Expiration date of current CSR ASU Extension	If ASU extension is expired, how many days	Days from ASU Placement To Investigation Assignment being Received by IGI/Staff	Days to Completion of Investigation	Days from Completion of Investigation by IGI to LEIU For Validation	Days from referral to LEIU to Receipt of 128B-2	Days in ASU to date	Comments	Today's Date
E02179	13	31	6/10/2009	0	1	24	3	Pending	62	Pending OCS review.	6/9/2009
T83225	9	25	7/8/2009	0	1	72	5	21	110	Pending ICC review.	6/9/2009
F65349	79	22	10/6/2009	0	53	25	2	56	232	Pending ICC review.	6/9/2009
P80335	6	7	7/8/2009	0	114	10	1	78	244	Pending ICC review.	6/9/2009
V09164	7	18	7/1/2009	0	28	3	3	1	188	Pending OCS review.	6/9/2009
J27664	10	18	7/8/2009	0	1	Pending	Pending	Pending	72	Pending IGI Investigation.	6/9/2009
V40066	6	15	5/26/2009	15	1	53	2	87	210	Pending endorsement for Indet. SHU	6/9/2009
F31761	5	13	5/18/2009	23	1	1	2	217	245	Pending ICC review.	6/9/2009
G42093	10	16	8/17/2009	0	80	Pending	Pending	Pending	106	Pending ICC review.	6/10/2009
J73451	8	17	7/27/2009	0	8	120	1	Pending	147	Pending OCS review.	6/10/2009
G38526	11	22	7/1/2009	0	1	Pending	166	Pending	163	Pending OCS review.	6/10/2009
V18011	9	16	8/17/2009	0	9	24	24	Pending	106	CDC 114D omit date/time of Capt.Rev	6/10/2009
G32389	5	36	7/6/2009	0	5	1	1	Pending	160	Pending OCS review.	6/10/2009
G38591	63	63	N/A	63	1	63	Pending	Pending	63	Rtn to CCI-RC. No 114D or ICC action	6/10/2009
G47935	4	15	7/27/2009	0	94	6	40	Pending	131	Pending OCS review.	6/10/2009

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

RADIO
COMMUNICATIONS

CALIFORNIA CORRECTIONAL INSTITUTION

JUNE 1 THROUGH JUNE 12, 2009



CONDUCTED BY

TELECOMMUNICATIONS

Review of Radio Communications

CALIFORNIA CORRECTIONAL INSTITUTION

Introduction

This review of Radio Communication Operations at California Correctional Institution (CCI) was conducted by the Compliance/Peer Review Branch (CPRB), Office of Reviews and Compliance and the Radio Communications Unit (RCU), between the dates of June 8-12, 2009. The review team utilized the California Penal Code (PC), California Code of Regulations (CCR), Title 15, California Department of Corrections and Rehabilitation (CDCR) Department Operations Manual (DOM), State Administrative Manual (SAM) and Administrative Bulletin (AB) 90/35 as the primary sources of operational standards.

This review was conducted by Chris Kinman, Project Manager, of the Facilities Planning and Management Division, Telecommunications Section, Radio Communications Unit.

The review consisted of an on-site inspection, interviews with staff, reviews of procedures, and observation of institutional operations.

The purpose of the CPRB review is one of overall analysis and evaluation of the Institution's compliance with the terms and conditions of State regulations as applied to Public Safety Communications. Each area was reviewed with staff and any problems were reviewed or solved with the CCI Radio Liaison. Overall, findings presented in the attached report represent the consensus.

Review of Radio Communications

Salinas Valley State Prison

REVIEW SCOPE AND METHODOLOGY

The CPRB and the RCU conducted an on-site review at CCI during the period of June 8-12, 2009. The purpose of this review was to assess the level of compliance with established State regulations in the areas of Public Safety Communications. This review and the attached findings represent the formal review of CCI's compliance by CPRB.

The scope and methodology of this review was based upon written review procedures developed by the CPRB and provided to CCI's staff in advance of the review.

Random sampling techniques were employed as an intrinsic part of the review process. Throughout the tour, on-duty custody staff were interviewed regarding current practices, all staff were polite and professional when asked these questions.

A random sample of radios were reviewed, checking the Radio as to the Post Assignment, the Department of General Services (DGS) 'S' number and the radio serial number. Utilizing the inventory to prove the proper radio location, SCC was at 90% on radio placement. Corrective action was taken at that time to locate place radios into proper positions.

In Central Control the CMARS radio was found to be off line (not working) and in need for minor repair. The radio was repaired and placed back on line for off grounds communications.

The Transportation Unit was found to be non compliant in radio training for the CMARS and the CHP radios. The Radio Liaison and IST staff were updated with the latest Radio Training Lesson plans and CHP radio power point training programs. It was also noted that a large number of Transportation vehicles do not have the required roof top markings.

The Primary Emergency Operations Center control station was removed for repair and was placed in the radio vault due to not being able to be repaired. The RCU was not informed of the radio status till this Peer Review and a replacement radio has been requested and will be in place with in thirty days. The CLERS radio could not be located and the CMARS remote radio was found in a locked cabinet in nonworking order.

Recommendations are to continue normal practices as CCI has no issues with usage of the on grounds 800 MHz Trunked Radio System and all CCI staff are following all required Public Safety Standards.

The Reviewer would also like to complement the Radio Liaison and Armory staff at CCI for there organizational skills and overall help made this review a success.

Radio Communication Compliance Review
California Correctional Institution
Exit Conference Discussion Notes
June 8-12, 2009

The Office of Audits and Compliance (OAC) and the Radio Communication Unit (RCU) conducted a Radio Communication Security Compliance Review of California Correctional Institution the week of June 8, 2009. review covered 28 different areas.

The chart below details these outcomes.

FINDINGS SUMMARY:

		Compliant	Partial Compliance	Non Compliant
1	Radio Liaison Identified?	Yes		
2	Inventory System in Place?	Yes		
3	All Radios Accounted for?	Yes		
4	Radio Matrix in place?	Yes		
5	Repair Procedure?	Yes		
6	Repair Tracking?	Yes		
7	Battery Management in Place?	Yes		
8	Proper usage of Battery Management?	Yes		
9	Inmate Access to Radios?	Yes		
10	Radio Vault Secured?	Yes		
11	Intrusion alarm on Radio Vault?	Yes		
12	Authorization to enter Vault?	Yes		
13	Key to Vault Secured?	Yes		
14	Vault key access for DGS-TD Tech?	Yes		
15	Site Lens Computer Secured?	N/A		
16	Procedure to operate Site Lens?	N/A		
17	Staff to operate Site Lens?	N/A		
18	System Watch/SIDR Training?	Yes		
19	Chit System in place for Radios?	Yes		
20	Other Radios on grounds?	No		
21	Scanners on Grounds?	No		
22	Who do you contact for System Malfunction?	Yes		
23	Steps taken when System Fails?	Yes		
24	Staff have knowledge on Radio Fail-Soft?	Yes		
25	Staff have knowledge of RCU Staff?	Yes		
26	Off Grounds Communication?	Yes		
27	Working CLERS System?			Non Compliant
28	Working CMARS System?		Partial Compliance	
Total		24	1	1

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION'S
OFFICE OF AUDITS AND COMPLIANCE

OPERATIONAL PEER REVIEW

REPORT OF FINDINGS

CASE RECORDS

CALIFORNIA CORRECTIONAL INSTITUTION

JUNE 1 THROUGH JUNE 12, 2009



CONDUCTED BY

CASE RECORDS ADMINISTRATION

CALIFORNIA CORRECTIONAL INSTITUTION – RECEPTION CENTER COMPLIANCE REVIEW

Correctional Case Records Services lead a three member team comprised of Kathy Moore, Correctional Case Records Administrator, Kasandra Staves, Correctional Case Records Manager, Sierra Conservation Center and Diane Ramback, Correctional Case Records Supervisor, Sierra Conservation Center to conduct a compliance review June 8, 2009, through June 12, 2009, of specific areas within the California Correctional Institution-Reception Center (CCI-RC) Records Office.

Administrative staff and the Correctional Case Records Manager were aware of this review in advance and staff assisted with providing information to the review team when requested.

The three primary areas reviewed were:

1. Central File Request Process
2. Holds, Warrants and Detainers (HWD)
3. Warden's Checkout Order (CDC 161)

An overview of the findings in the review process is outlined in this document.

CENTRAL FILE REQUEST PROCESS

Reference: DOM Section 72020.4.6

"The CCRM shall communicate with the appropriate regional CCRM, using the telephone, FAX, or OBIS, advising them of the receipt of the parole violator(s) and shall request that the case files be forwarded immediately.

- *Case files on parole violators (PVRTC or PVWNT) shall be requested daily.*
- *Parole regions shall forward requested files to the institution immediately."*

Reference: Instructional Memorandum (CR 97/03)

"Reception Center Managers are directed to implement a tracking system which documents that the initial request was received by the region and that follow-up requests are being made no more than five working days after the initial request."

Reference: Instructional Memorandum (CR 01/17)

"...The Reception Center Correctional Case Records Manager (CCRM) shall request the Central File for PVRTC (Parole Violator Returned To Custody) and PVWNT (Parole Violator With A New Term) daily. Case Records North and Case Records South shall send the Central File to the institution within three working days. When the Central File cannot be located, the CCRM or designee shall be contacted."

CALIFORNIA CORRECTIONAL INSTITUTION – RECEPTION CENTER COMPLIANCE REVIEW

“...If the Central File is not located after 30 calendar days from the original request, then Case Records North or Case Records South shall reconstruct the Central File....”

Staff was interviewed and desk procedures were reviewed as a part of this review. Staff was very knowledgeable on the processes for the reception center. The processes for requesting and tracking of Central Files from the Regions Records Office are in Compliance.

HOLDS, WARRANTS AND DETAINERS (HWD)

Reference: DOM Section 72020.4

“Reception Centers or receiving institutions shall prepare required departmental forms on inmates received with new commitments.

“A full Criminal Identification and Investigation rap sheet shall be run and reviewed as part of the initial processing of reception center inmates.”

Reference: DOM Section 72040.5.2

“In the Reception Centers, actual detainees that are included with the ‘prison package’ or arrive before the counselor has begun processing the case shall be reviewed by the HWD coordinator who will sign off the HWD log in the ‘Initial Disposition’ section as an unprocessed case. These detainees shall not be referred to the designated staff member unless there is an apparent security risk such as a potential life term or extremely long determinate sentence.”

Reference: DOM Section 72040.5.2.1

“Reception Centers shall not be required to initiate or follow-up potential HWD requests except for those inmates who are permanently housed at the Reception Center or pending imminent release. It shall be the responsibility of the receiving facility to review the inmate’s central file for any CDC Form 850s initiated at the Reception Center and to complete the initial inquiry and any required follow-up as previously specified.”

“If a move to work furlough, parole, or TCL is approved, the HWD coordinator shall query the OBIS HWD file within 24 hours of the actual move...If a ‘hold’ is received on the same day or subsequent to the approval of a move, the HWD coordinator shall immediately notify the C&PR or the Assistant Regional Administrator for review of the move approval and action in accordance with aforementioned procedures for processing detainees.”

Reference: DOM Section 72040.5.1 & 72040.5.3

“The HWD Coordinator shall prepare letters of inquiry or initiate teletype requests to resolve potential holds based on the CDC Form 850s completed by institution staff and complete necessary follow-ups on any communication received from

**CALIFORNIA CORRECTIONAL INSTITUTION – RECEPTION CENTER
COMPLIANCE REVIEW**

law enforcement agencies. The CDC Form 850 shall be attached to the top of the detainer section of the Central File and all such actions shall be entered in the HWD log.”

“The HWD Coordinator’s initial request to obtain information shall be completed within two working days and follow-up at the 60-day and 10-day audits prior to release. Telephonic follow-up should be used at the 10-day audit.”

“If a detainer exists or is believed to exist on an inmate, the HWD coordinator shall prepare a CDC Form 850 documenting the pertinent facts, and immediately contacting the designated staff person responsible for evaluating the potential detainer...”

Staff was interviewed and the desk procedures for the HWD staff were reviewed.

There were fifty two (52) Central Files reviewed for this portion of the Compliance Review. Listed below are the discrepancies found in the processing of the Hold, Warrant and Detainers (HWD).

In the cases reviewed there was one (1) case found where the Intake Audit was completed on April 13, 2009, however the inquiry was not initiated until April 17, 2009. Inquiries regarding potential holds should be initiated within two working days of receipt of the CDC Form 850.

G45032 Bass

In the cases reviewed there was five (5) cases found where it appears the 4 hours for completing the receipt of a Detainer is not in compliance with Departmental Policies and Regulations. The CDC 850’s are not being documented with the times for each part of the detainer process in addition to the CDC 112’s are not being posted accurately in one (1) case. See specifics below;

G52233 Hernandez – The CDC 112 was not posted, the HWD documents were not taken to the evaluator and the detainer information was not entered into ARDTS within the four (4) hour time frame.

G52364 Figueroa – The HWD documents were not taken to the evaluator within the four (4) hour time frame.

V21218 Calosa - The HWD documents were not taken to the evaluator within the four (4) hour time frame.

G52232 Gonzales - The HWD documents were not taken to the evaluator within the four (4) hour time frame.

CALIFORNIA CORRECTIONAL INSTITUTION – RECEPTION CENTER COMPLIANCE REVIEW

G44995 Soto – The detainer was not entered into ARDTS within the four (4) hour time frame.

H80878 Parks - The HWD documents were not taken to the evaluator within the four (4) hour time frame.

Holds that expire or are dropped are not always being updated in ARDTS. A listing from the Automated Release Date Tracking System (ARDTS) was requested upon arrival at the Records Office. From this listing forty nine (49) entries were reviewed. There was one (1) case discovered in ARDTS with hold information entered, however this information was not in OBIS. Also, one (1) case was found where the warrant # in ARDTS did not match what was in OBIS.

Recommendations:

On the job training should be provided and documented for the Correctional Case Records Analyst for their responsibilities in the HWD process.

Provide training to appropriate staff to ensure the CDC 850 is being properly filled out to include, but not limited to, the date of initiation, date and time of hold placed, as well as the Evaluator Section completed.

WARDEN'S CHECKOUT ORDER (CDC 161)

Reference: DOM Section 74070.3

"...Paperwork and routine dress-out procedures on cases with release date on weekends or holidays shall be completed prior to the weekend or holiday."

"Prior to release of the inmate, records office staff shall prepare the CDC Form 161, Warden's Checkout Order, and arrange distribution as required by institution operations."

Reference: DOM Section 74070.21

"The following data shall be typed on the CDC Form 161:

- Date of Release*
- Type of Release*
- CDC number*
- Commitment name*
- Controlling Discharge Date*
- Name of parole unit and county of residence*
- Parole Region*
- Check off section to indicate that PC Sections 3058.6 and 3058.8 notifications have been sent.*

CALIFORNIA CORRECTIONAL INSTITUTION – RECEPTION CENTER COMPLIANCE REVIEW

“The CDC Form 161 shall be typed by clerical staff. As part of the prerelease audit, the release of information on the form shall be verified at a level not less than that of a Case Records Analyst as the form is used by the institution as the source document for OBIS input and therefore, its accuracy determines the accuracy of parole information in OBIS”

Reference: Instructional Memorandum (CR 01/14)

“...The CDC Form 161, Warden’s Check-out Order, shall indicate that a notice was sent pursuant to the applicable notification requirement...”

Reference: Instructional Memorandum (CR 92/17)

“...the Warden’s Checkout Order must include a notation above the Case Records staff’s signature block which states PC 3058.6 and/or PC 3058.8 has been complied with or that PC 3058.6 and/or PC 3058.8 is not applicable.”

Reference: Penal Code Section 3060.7 Interim High Control Parolee Release Procedures as of December 1995.

“...the Offender Based Information System data entry shall reflect under comments that a HC inmate was “Released pursuant to PC Section 3060.7”

In reviewing the early/late releases, there were none to report. This area of review was found in compliance.

Forty three (43) Central files were reviewed for inmates/parolees who were released from CCI-RC for the preceding two weeks of the review. This area of review was found to be in Compliance.

STAFF VACANCIES

The vacancies are reported as follows:

Three (3) Case Records Technician (CRT) – Two (2) positions – interviews were held however the candidates decline the offer due to the layoffs. Interviews are being rescheduled. One (1) position took a promotion to personnel and interviews for this position are being scheduled.

Four (4) Case Records Analyst – Two (2) positions – positions are being advertised. One (1) position on Workman’s Comp for two (2) months. One (1) position out on Extended Sick Leave.